

## ASSESSMENT OF 30 MCQS

**FPSC No: 81**  
**MCQS ON MENTAL HEALTH UPDATE**  
**Submission DEADLINE: 10 September 2019, 12 NOON**

**INSTRUCTIONS**

- To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal ([www.cfps2online.org](http://www.cfps2online.org))
- Attempt **ALL** the following multiple choice questions.
- There is only **ONE** correct answer for each question.
- The answers should be submitted to the College of Family Physicians Singapore via the College Online Portal before the submission deadline stated above.
- There will be **NO** further extension of the submission deadline

1. When initiating treatment of anxiety disorders, benzodiazepines should be restricted to short-term use of up to:
  - A. 1 week
  - B. 2 weeks
  - C. 3 weeks
  - D. 4 weeks
  - E. 6 weeks
2. In generalized anxiety disorder (GAD) which of the following is a first-line treatment?
  - A. Selective Serotonin Reuptake Inhibitors (SSRIs)
  - B. Benzodiazepines
  - C. Tricyclic antidepressants (TCAs)
  - D. Hydroxyzine
  - E. Mirtazapine
3. In DSM-5, which of the following disorders is categorised as an anxiety disorder?
  - A. Obsessive compulsive disorder
  - B. Post-traumatic disorder
  - C. Bipolar disorder
  - D. Agoraphobia
  - E. Insomnia
4. Based on the results of the Singapore Mental Health Survey (SMHS) conducted in 2016, the prevalence of which of the following disorders has increased significantly in comparison to the results of the 2010 SMHS survey?
  - A. Alcohol dependence
  - B. Bipolar disorder
  - C. Major depressive disorder
  - D. Obsessive compulsive disorder
  - E. Generalized anxiety disorder
5. In specific phobia, which of the following is first line treatment?
  - A. Benzodiazepines
  - B. Propranolol
  - C. Cognitive behaviour therapy
  - D. Imipramine
  - E. Psychoeducation
6. A 35-year-old gentleman with no past medical history has been diagnosed with depression. He has sleep difficulties. He and his wife are trying for a baby. What antidepressant would you consider for him?
  - A. Fluvoxamine.
  - B. Mirtazapine.
  - C. Trazodone.
  - D. Fluoxetine.
  - E. Clomipramine.
7. A 56-year-old woman presents with depressive symptoms. She has a history of diabetes, hypertension and hyperlipidemia and is on aspirin. Which antidepressant would be the drug of choice for her?
  - A. Amitriptylline.
  - B. Escitalopram.
  - C. Venlafaxine.
  - D. Mirtazapine.
  - E. Fluoxetine.
8. The same woman returns for review after she is started on an antidepressant. Her daughter reports that she has not been eating or drinking for two days. The patient appears dazed, and says she hears female voice laughing at her, and saying demeaning things about her. What is the next course of action?
  - A. Refer to a psychologist.
  - B. Start an antipsychotic.
  - C. Make an outpatient referral to a psychiatrist.
  - D. Make an urgent specialist referral.
  - E. Teach her self-relaxation.
9. A 23-year-old university student is diagnosed with depression. He is started on Fluoxetine. At his first follow-up review, his mother reports that he is more elated, not sleeping well, and has been spending a lot of money, which is unusual behaviour on his part. Which of the following is **INCORRECT**?
  - A. Make an outpatient referral to a psychiatrist.
  - B. Screen for substance use.
  - C. Increase the dose of his antidepressant.
  - D. Assess his risk.
  - E. Make an urgent specialist referral.

**10. A 35-year-old woman presents with depressive symptoms. She is recently divorced and has two young children (aged five and three). She reports feelings of inadequacy and poor self-esteem, and described feeling traumatized by childhood experiences of her own father abandoning his family when she was a young child. Which of the following option is the LEAST appropriate management plan?**

- A. Start an antidepressant.
- B. Refer to a psychologist.
- C. Assess risk.
- D. Make a specialist referral.
- E. Explore psychosocial stressors and areas of support.

**11. The cost-effectiveness of smoking cessation as a preventive medical intervention is estimated as:**

- A. \$2,000-\$6,000 per life-year saved
- B. \$20,000 per life-year saved
- C. \$26,000 per life-year saved
- D. \$30,000 per life-year saved
- E. \$32,000 per life-year saved

**12. Typically, how long does it take for nicotine in tobacco smoke to reach the human brain after the smoker inhales one puff?**

- A. 3 seconds
- B. 7 seconds
- C. 25 seconds
- D. 60 seconds
- E. 90 seconds

**13. Tobacco dependence is best described as**

- A. Physical
- B. Psychological
- C. Habitual
- D. Social
- E. A,B and C

**14. What is the maximum number of points in the Karl Fagerstrom Nicotine Tolerance Questionnaire?**

- A. 5
- B. 8
- C. 10
- D. 14
- E. 15

**15. What is the percentage of smokers who are NOT actively thinking about stopping smoking (i.e. they are in the Precontemplation and Contemplation Phases in the stages of change in the process of smoking cessation)?**

- A. 30%
- B. 40%
- C. 50%
- D. 70%
- E. 80%

**16. What is the lifetime prevalence of schizophrenia in Singapore?**

- A. 1 percent
- B. 5 percent
- C. 27 percent
- D. 0.27 percent
- E. 0.13 percent

**17. Which of the following statement is false?**

- A. The estimated lifetime prevalence of schizophrenia in Singapore is more less one percent.
- B. Schizophrenia is listed among the top ten contributors to health burden and disability around the world.
- C. Worldwide, the prevalence rate of schizophrenia is high.
- D. People with schizophrenia are two - three times at risk of premature mortality from cardiovascular-related diseases.
- E. The life expectancy of people with schizophrenia is approximately 10 – 25 years lesser than the general population.

**18. Which of the following statement is false?**

- A. Schizophrenia can affect anyone regardless of age.
- B. Adolescence and adults are equally prone to developing schizophrenia.
- C. Schizophrenia can only affect adults regardless of age.
- D. Children are not spared from the developing schizophrenia.
- E. Schizophrenia is a complex psychiatric disorder that affects the sufferer's social and occupational functionality.

**19. In a study by Jimmy Lee and colleagues, what was the prevalence rate of metabolic syndrome in schizophrenia patients?**

- A. 0.27 percent
- B. 1 percent
- C. Between 33 percent to 70 percent
- D. Between 17 percent to 26.2 percent
- E. Between 3 to 7 percent

**20. The following functions are true of GP roles in the community except:**

- A. Provide continuing care to maintenance group of patients with schizophrenia.
- B. Point of referral for patients to specialist care.
- C. Provide health screening for preventive care and early detection of mental and physical illnesses.
- D. Offer a safe and stigma-free environment for patients to seek consultation
- E. GPs do not play a significant role in the psychiatric management of patients in the community.

**21. Compared to the general population, females with anorexia nervosa has increased risk of premature death. How many times is the risk higher?**

- A. 1 – 2 times.
- B. 2 – 4 times.
- C. 4 – 8 times.
- D. 6 – 12 times.
- E. 8 – 16 times.

**22. In anorexia nervosa (AN) which of the following is a characteristic clinical feature?**

- A. Intense fear of gaining weight.
- B. Intense desire to binge eat.
- C. Intense desire to vomit.
- D. Intense desire to key themselves busy.
- E. Intense need to feel loved.

**23. In Avoidant/restrictive feed intake disorder (ARFID) which of the following is a characteristic clinical feature?**

- A. Do not prefer foods with strong smells.
- B. Do not prefer bland foods.
- C. Do not have weight concerns.
- D. Do not prefer solid foods.
- E. Do not prefer to be fat.

**24. SCOFF Screening questions are used to screen for risk individuals for anorexia or bulimia. What is a positive score?**

- A. Equal or more than 1 point.
- B. Equal or more than 2 points.
- C. Equal or more than 3 points.
- D. Equal or more than 4 points.
- E. Equal or more than 5 points.

**25. In refeeding of a patient with eating disorder, what is most important biochemical change?**

- A. Hypomagnesemia.
- B. Hyponatremia.
- C. Hypokalemia.
- D. Hypoglycemia.
- E. Hypophosphatemia.

**26. The risk factors for caregiver burnout include:**

- A. Financial gain
- B. Increased interaction with healthcare workers
- C. Family cohesiveness
- D. Increased social and leisure time.
- E. Feeling life or health suffered since becoming a caregiver

**27. The following conditions in a PWD are correlated with poorer health in a caregiver:**

- A. Manic episodes
- B. Sleep disturbance
- C. Good bladder control
- D. Good appetite.
- E. No delusion, hallucination or agitation

**28. The following are possible positive gains in caregivers of PWD:**

- A. Personal growth
- B. Negative growth
- C. Decrease in relationships
- D. No encouragement from healthcare workers
- E. Lack of resources and help rendered

**29. It is important to involve the PWD and the caregiver in early stage disease, especially in:**

- A. Helping with foreign domestic worker.
- B. Hospital referral
- C. Assisting in adaption and advice in financial and advance directives
- D. Arranging for hospice care.
- E. All of the above are true.

**30. The following are useful for the caregiver of PWD except:**

- A. Alzheimer's Disease Association of Singapore website ([www.alzheimers.org.sg](http://www.alzheimers.org.sg))
- B. Agency for Integrated Care ([www.aic.sg](http://www.aic.sg))
- C. Long term hospital admissions for PWD
- D. Listening ear by GP and information over several visits
- E. Praise the caregiver for the work done to look after the PWD