

ASSESSMENT OF 30 MCQs

FPSC No : 92
MCQS ON MENTAL HEALTH 2021 UPDATE
Submission DEADLINE: 8 June 2021, 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)
- 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

- In DSM-5, which of the following is NOT categorised as an anxiety disorder?**
 - Panic disorder
 - Agoraphobia
 - Substance-induced anxiety disorder
 - Obsessive-compulsive disorder
 - Social anxiety disorder
- Regarding the use of benzodiazepines (BZDs) in anxiety disorders, which of the following statements is INCORRECT?**
 - BZDs should be restricted to short-term use
 - BZDs should be given at the lowest possible dose
 - Chronic use of BZDs is associated with tolerance and dependence
 - BZDs are contraindicated in those with alcohol or substance abuse
 - Benzodiazepines should be used for the long-term treatment of GAD
- Which of the following is a first-line treatment for panic disorder?**
 - Selective Serotonin Reuptake Inhibitors (SSRIs)
 - Benzodiazepines
 - Tricyclic antidepressants (TCAs)
 - Hydroxyzine
 - Mirtazapine
- In social anxiety disorder (SAD) which of the following is a first-line treatment?**
 - Psychotherapy
 - Beta-blockers
 - Tricyclic antidepressants (TCAs)
 - Hydroxyzine
 - Mirtazapine
- Which of the following is the first-line treatment for specific phobias?**
 - Atenolol
 - Mirtazapine
 - Hydroxyzine
 - Imipramine
 - Cognitive behaviour therapy
- An elderly patient of yours developed depression after being unable to work due to a severe back injury. He was started on Fluvoxamine. He returned a week later, complaining that the medication was "not working". He was not experiencing side effects. What should NOT be done?**
 - Stop fluvoxamine
 - Check his renal panel
 - Provide support
 - Monitor his suicide risk
 - Watch and wait
- The same patient was stabilised on fluvoxamine. He came to see you for symptoms suggestive of viral GE. His appetite had been poor for several days and he appeared mildly dehydrated. What should NOT be done?**
 - Briefly review depressive symptoms and risk
 - Prescribe oral probiotics and symptomatic meds
 - Check his renal panel
 - Stop his fluvoxamine as it might worsen his electrolyte imbalance
 - Ensure adequate fluid intake

8. A 28-year-old lady has a history of depression, which is stable on escitalopram. When she was unwell, she had intense suicidal thoughts and has overdosed before. She presents to you in the ninth week of pregnancy. You would advise her on the following EXCEPT:

- A. Continue escitalopram
- B. Stop escitalopram in view of the potential risk to the foetus
- C. Refer to a specialised women's health unit for follow-up
- D. Review her depressive symptoms and risk
- E. Close monitoring during the postnatal period

9. A 60-year-old male presents with depressive symptoms following his wife's death. He is started on an antidepressant. Upon subsequent review, he reports intense feelings of guilt because he feels he has "sinned" against his wife, and sometimes hears her voice berating him. He has difficulty sleeping and appears perplexed and preoccupied. Which of the following would you do?

- A. Refer him to a psychologist
- B. Change his antidepressant
- C. Ask him to ignore the voice because it's probably related to grief
- D. Make an urgent specialist referral after reviewing his risk
- E. Start him on lorazepam to help him sleep

10. A 37-year-old male presents with depressive symptoms after losing his job. He is angry at his former boss for firing him, is stressed by having to financially support his parents, and wonders if suicide is a good "solution". What is NOT an appropriate course of action?

- A. Assess his risk of suicide
- B. Refer him to a community social worker for support and government financial aid schemes / reskilling
- C. Tell him to confront his boss for firing him
- D. Offer supportive counselling / psychologist referral
- E. Screen for a history of drug and alcohol use, and elevated mood

11. Which of the following statements best describes the current evidence for using electronic nicotine delivery systems (ENDS) to aid smoking cessation?

- A. ENDS are proven safe and effective in smoking cessation
- B. E-cigarettes are proven beneficial and non-harmful as quit-aids in adults and children
- C. E-cigarettes are proven effective but may be harmful when used as quit aids

- D. The current evidence is insufficient to assess the balance of benefits and harms of e-cigarettes for tobacco cessation in adults
- E. The current evidence supports the use of e-cigarettes or tobacco cessation in adults but not for children

12. The commonest adverse effect of Varenicline is:

- A. Nausea
- B. Skin rashes
- C. Blurring of vision
- D. Seizures
- E. Weight gain

13. How many percent of smokers is concerned about the health risks of smoking?

- A. 70-80 percent
- B. 90-100 percent
- C. Less than 50 percent
- D. 10-20 percent
- E. Less than 10 percent

14. What is the approximate percentage of smokers who are physiologically addicted to nicotine?

- A. 60 percent
- B. 70 percent
- C. 80 percent
- D. 90 percent
- E. 100 percent

15. Which of the following statements is true about the role of pharmacotherapy in smoking cessation?

- A. The therapist should discuss the role of pharmacotherapy ONLY after at least one quit attempt based on self-will alone (without any quit-aids) has failed
- B. The goal of effective pharmacotherapy is to completely suppress ALL of the physiologically caused nicotine withdrawal symptoms from the target quit date onwards
- C. Failure to adequately control nicotine withdrawal symptoms will NOT result in significant higher relapse rates within the first week of the quit date
- D. Pharmacotherapy plays a minimal role in smoking cessation as most nicotine withdrawal symptoms are without any physiological basis
- E. Smokers should always be advised to quit smoking by self-will ("cold turkey") regardless of their status of nicotine dependence

- 16. Modifiable risk factors such as patient's lifestyle behaviours, unhealthy diets, lack of physical activity, smoking and drug use can be managed by primary care professionals through**
- Counselling
 - Psychotherapy
 - Psychoeducation
 - Building rapport with patients
 - All of the above
- 17. When are patients with schizophrenia most often right sited to primary care professionals?**
- When they have less than one admission a year
 - When they have robust social support
 - When they gain insight
 - When they are stable on a maintenance dosage of medication
 - When they want to stop their medications
- 18. What are the benefits for patients to be right sited to primary care professionals?**
- More flexible when scheduling appointments
 - Convenience as it can be nearer to their residence or workplace
 - Less stigma
 - Allows for co-management of other illnesses
 - All of the above
- 19. What is the estimated reduction in year expectancy for individuals with schizophrenia compared to the general population?**
- 1 to 3 years
 - 3 to 5 years
 - 5 to 10 years
 - 10 to 20 years
 - 10 to 25 years
- 20. Schizophrenia can occur at what age:**
- 18 - 25
 - 26 - 35
 - 36- 45
 - 46 - 60
 - Any age
- 21. Which of the following is NOT a diagnostic criterion for Anorexia Nervosa in DSM-5?**
- Restriction of energy intake relative to requirements
 - Pathological fear of gaining weight
 - Distorted body image in which, even when clearly emaciated, sufferers continue to insist they are overweight
 - Significantly low body weight in the context of age, sex, developmental trajectory, and physical health
- 22. Which of the following is a prominent characteristic of individuals with eating disorders?**
- High motivation
 - Low self-esteem
 - High levels of responsibility
 - Narcissism
 - Good insight
- 23. Which of the following is a common treatment for Bulimia Nervosa?**
- Family-based therapy
 - Cognitive Behavioural Therapy
 - Psychodynamic therapy
 - Humanistic therapy
 - Pharmacotherapy
- 24. Selective Serotonin-Reuptake Inhibitors (specifically fluoxetine) are used to treat Bulimia Nervosa due to their:**
- Acceptability
 - Tolerability
 - Reduction of symptoms
 - Safety profile
 - All of the above
- 25. The medical consequences of Anorexia Nervosa include all the following EXCEPT:**
- Amenorrhea
 - Dental caries
 - Bradycardia
 - Hypertension
 - Osteopenia
- 26. Which of the following is true of dementia caregivers in Singapore?**
- Spouses are more common than children
 - They are typically middle-aged daughters
 - Foreign domestic workers do not contribute much
 - Male caregivers are as common as females
 - Most are full-time caregivers who have given up their regular jobs
- 27. Which of the following is not likely experienced in caregivers who report gains?**
- Caregiver burden
 - Personal growth
 - Gains in relationship
 - Higher levels of gains e.g., spiritual growth
 - Feel less need to seek assistance

28. Which of the following is least likely to contribute to caregiver burden?

- A. Role strain
- B. Role conflict
- C. Feeling inadequate in the caregiving role
- D. Stage of the care recipient's dementia
- E. Behavioural problems in the care recipient

29. Which of the following is true of foreign domestic workers?

- A. They play a more secondary role in caregiving
- B. They take on the more physical and custodial aspects of care
- C. They take on the main caregiving responsibilities and decision making
- D. They generally cope better than family caregivers given the lack of emotional ties
- E. The typical interventions accorded to family caregivers do not usually work for them

30. Which of the following is least useful in facilitating the role GPs can play in dementia care?

- A. Assessing the cognition of seniors who attend the clinic
- B. Assessing the cognition of seniors with poor medication compliance
- C. Assessing the cognition of seniors with risk factors such as smoking, diabetes or hypertension
- D. Assessing the cognition of seniors with recurrent falls
- E. Screening for caregiver burden in patients with dementia