

## ASSESSMENT OF 30 MCQS

**FPSC NO : 100**  
**MCQS ON MENTAL HEALTH 2022 SUBMISSION**  
**DEADLINE: 14 JUNE 2022, 12 NOON**

**INSTRUCTIONS**

- To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal (<https://lms.wizlearn.com/cfps/>)
- Please contact [sfp@cfps.org.sg](mailto:sfp@cfps.org.sg) if you have not received an email on the new LMS account.
- 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. In DSM-5, which of the following is **NOT** categorised as an anxiety disorder?
  - A. Substance-induced anxiety disorder
  - B. Agoraphobia
  - C. Panic disorder
  - D. Generalised anxiety disorder
  - E. Post-traumatic stress disorder (PTSD)
2. Regarding the use of benzodiazepines (BZDs) in anxiety disorders, which of the following statements is **INCORRECT**?
  - A. BZDs are contraindicated in those with alcohol or substance abuse
  - B. BZDs should be given at the lowest possible dose
  - C. BZDs should be restricted to short-term use
  - D. Benzodiazepines should be used for the long-term treatment of GAD
  - E. Chronic use of BZDs is associated with tolerance and dependence
3. Which of the following is a first-line treatment for panic disorder?
  - A. Tricyclic antidepressants (TCAs)
  - B. Hydroxyzine
  - C. Benzodiazepines
  - D. Selective Serotonin Reuptake Inhibitors (SSRIs)
  - E. Propranolol
4. In social anxiety disorder (SAD), which of the following is a first-line treatment?
  - A. Tricyclic antidepressants (TCAs)
  - B. Hydroxyzine
  - C. Psychotherapy
  - D. Beta-blockers
  - E. Imipramine
5. Which of the following is the first-line treatment for specific phobias?
  - A. Cognitive behaviour therapy
  - B. Venlafaxine
  - C. Imipramine
  - D. Hydroxyzine
  - E. Atenolol
6. A 35-year-old woman presents with depressive symptoms and anxiety. Which of the following is false?
  - A. Depression and anxiety disorders have overlapping symptoms
  - B. This patient must NOT be managed with benzodiazepines
  - C. A detailed chronological history should be obtained to determine whether the primary disorder is depression or an anxiety disorder such as GAD
  - D. An assessment of her suicide risk should be done when feasible
  - E. Obtain information about her past psychiatric history
7. The above patient is started on a course of SSRIs and shows improvement. However, two months later, her husband reports that her mood has worsened, she is constantly tired and has poor appetite. He asks whether it is a side effect of the SSRI. Which of the following is **NOT** an appropriate course of action?
  - A. Explore other psychosocial triggers, such as work or personal issues
  - B. Gently probe the patient about her compliance with medication
  - C. Stick to the current medication and dose
  - D. Inquire about her last menstrual period
  - E. Discuss with the patient about a possible change in medications

**8. A 65-year-old man presents with low mood, poor sleep, and difficulty concentrating. This has affected his ability to function at work, where he continues to have an important role. What is NOT an appropriate course of action for this patient?**

- A. Dismiss his concerns about his memory, since his concentration should improve once his low mood and poor sleep are addressed
- B. Explore suicide risk factors
- C. Obtain his past medical history, especially with respect to vascular risk factors and/or family history
- D. Tailor his pharmacotherapy on various factors such as his symptoms, underlying chronic conditions, pre-existing medications, and antidepressant side effect profile
- E. Obtain corroborative history from his family members with his permission

**9. The above patient is started on a course of SSRIs and shows improvement in his mood. However, two months later, he continues to complain of difficulty focusing at work and forgetfulness. He is extremely worried about developing dementia because one of his siblings has the condition. Which of the following is NOT an appropriate course of action?**

- A. Do an MMSE or AMT
- B. No need to do further investigations since they were previously normal
- C. Review his depressive symptoms to ensure that his mood is stable
- D. Explore whether there are symptoms of anxiety/underlying psychological issues that may be confounding his recovery
- E. Explore for signs of functional decline and inquire into the nature of his work

**10. A 21-year-old university student presents with low mood, poor sleep, and stress from her studies. She has a prominent family history of affective disorders, including a maternal aunt who has bipolar disorder. Which of the following is false?**

- A. She CANNOT be started on an antidepressant in view of her family history
- B. A detailed history of her symptoms should be explored to determine risk factors of suicide and self-harm
- C. Gently probe her on her drug and alcohol usage as these may perpetuate her symptoms
- D. Sleeping pills should be avoided due to risk of dependence
- E. Offer avenues of support such as referral to a counsellor

**11. Which of the following is the correct sequence of the 5 As in smoking cessation?**

- A. Assist, advise, ask, assess, arrange
- B. Arrange, ask, advise, assess, arrange
- C. Assess, ask, advise, assist, arrange
- D. Ask, assess, advise, assist, arrange
- E. Advise, assist, assess, arrange, ask

**12. Which of the following statements about Varenicline is true?**

- A. Varenicline reduces dopamine release in the brain
- B. Varenicline has other proven uses in addition to smoking cessation
- C. Varenicline contains a tiny amount of nicotine
- D. Varenicline is both a receptor agonist and antagonist
- E. Varenicline has a long half-life and should only be taken once daily

**13. Based on established scientific evidence, which of the following is proven to be most effective in smoking cessation?**

- A. Abstinence by willpower alone
- B. Using ENDS for harm reduction
- C. Behavioural therapy in conjunction with nicotine replacement
- D. Behavioural therapy in conjunction with antidepressants
- E. Behavioural therapy in conjunction with Varenicline

**14. Which of the following statements is true about the current use of ENDS?**

- A. ENDS are useful in harm reduction, provide a gateway out of cigarette smoking, and are unlikely to provide a gateway into nicotine addiction
- B. ENDS have been proven conclusively to be less harmful than cigarettes in large randomised controlled trials
- C. ENDS have been proven safe for use in patients with cardiovascular disease, unlike traditional NRT
- D. Gradual reduction in the number of cigarettes smoked with the use of ENDS will never lead to smoking cessation
- E. None of the above

**15. How many questions are there in the Karl Fagerstrom Nicotine Tolerance Questionnaire?**

- A. 5
- B. 6
- C. 8
- D. 9
- E. 10

**16. What percentage of patients with schizophrenia having three or more physical health conditions?**

- A. 10 percent
- B. 18 percent
- C. 22 percent
- D. 33 percent
- E. 50 percent

**17. What are the possible symptoms of Schizophrenia?**

- A. Hallucinations and delusions
- B. Disorganised behaviours and speech
- C. Blunted affect
- D. Lack of motivation
- E. All of the above

**18. What is/are the factor(s) that would hinder doctors from having an effective management plan for patients with Schizophrenia and its co-morbid physical health conditions?**

- A. Poor insight
- B. Patients not adhering to treatment regime
- C. Poor self-care
- D. Lack of integration between psychiatric and medical care
- E. All of the above

**19. What are the strategies that can be implemented to bridge the gap between psychiatric and medical care?**

- A. Public education on psychosis
- B. Providing accessible and decentralised mental healthcare services within the community
- C. On-site consultations at counselling centres in polytechnics and universities
- D. Partnering with primary healthcare service providers such as general practitioners, polyclinic doctors, counsellors, and traditional healers
- E. All of the above

**20. What are the benefits for patients with Schizophrenia who are on follow-up with General Practitioners (GPs)?**

- A. Flexibility in timing
- B. Convenience
- C. Less stigma
- D. GPs can attend to other physical health conditions
- E. All of the above

**21. Which of the following is the most common psychiatric comorbidity associated with ARFID?**

- A. Depression
- B. Obsessive Compulsive Disorder
- C. Conduct disorder
- D. Bipolar disorder
- E. Anxiety disorder

**22. Other than cardiovascular causes, which of the following is also an important cause of death in patients with Eating Disorders?**

- A. Infections
- B. Renal failure
- C. Liver failure
- D. Suicide
- E. Stroke

**23. Which of the following is the most effective treatment for Anorexia Nervosa?**

- A. Family-Based Therapy
- B. Cognitive Behavioural Therapy
- C. Psychodynamic therapy
- D. Humanistic therapy
- E. Pharmacotherapy

**24. The only pharmacological agent approved for treatment of bulimia nervosa (BN) is:**

- A. Amitriptyline
- B. Topiramate
- C. Fluoxetine
- D. Olanzapine
- E. Escitalopram

**25. The typical electrolyte abnormality associated with BN is:**

- A. Hyperglycaemia
- B. Hypercalcemia
- C. Hypophosphatemia
- D. Hypokalaemia
- E. Hyponatremia

**26. Positive aspects of caregiving should be emphasised. Which of the following is not likely experienced in caregivers who report gains?**

- A. Sense of satisfaction
- B. Personal growth
- C. Gains in relationship
- D. Higher levels of gains, e.g., spiritual growth
- E. Feel less need to seek assistance

**27. From the caregivers' viewpoint, stressors that arise indirectly from caregiving include:**

- A. Financial independence
- B. Functional disability
- C. Family bonding
- D. Restriction of social and leisure time
- E. Feeling closer since becoming a caregiver

**28. Which of the following is true of dementia caregivers in Singapore?**

- A. They are typically middle-aged daughters
- B. Spouses are more common than children
- C. Foreign domestic workers do not contribute much
- D. Male caregivers are as common as females
- E. Most are full-time caregivers who have given up their regular jobs

**29. Which of the following is least likely to contribute to caregiver stress?**

- 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

**30. GPs can better meet the needs of caregivers during the current COVID pandemic by:**

- A. Referring COVID-positive patients to NCID
- B. Helping to make contingency plans for caring in case the caregiver falls sick
- C. Assessing the caregiver through the Zagal Burden Interview
- D. Providing foreign domestic workers six-monthly (i.e., twice a year) check-ups
- E. Ensuring caregivers have adequate personal protection equipment