ASSESSMENT OF 30 MCQs

FPSC NO : 46
MCQs on BIPOLAR DISORDER & DEPRESSION
Submission DEADLINE : 9 December 2011

INSTRUCTIONS
- To submit answers to the following multiple choice questions, you are required to log on to the College On-line 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 On-line Portal before the submission deadline stated above.

1. **For patient education on bipolar disorder, X has prepared patient education booklets for distribution to all chronic disease management clinics in Singapore. What is X?**
   A. Health Promotion Board.
   B. Ministry of Health.
   C. College of Family Physicians, Singapore
   D. Ministry of Community, Youth and Sports.
   E. Institute of Mental Health.

2. **In the treatment algorithm for bipolar disorder, the diagnosis of bipolar disorder is based on one of the following criteria. Which is CORRECT?**
   A. DSM III-TR criteria.
   B. ICD 10 criteria.
   C. ICD 9 criteria.
   D. MOH criteria.
   E. IMH diagnostic criteria.

3. **The Clinical Global Impression (CGI) Scale has 2 items, one item to indicate severity and one item to indicate improvement of the mental condition. Each item has X points for the primary care physician to chose from. What is X?**
   A. 5.
   B. 6.
   C. 7.
   D. 8.
   E. 9.

4. **In the recommended investigations claimable for monitoring the care of bipolar disorder, the use of X is an indication for ordering a renal panel (urea/electrolytes/creatinine). What is X?**
   A. Haloperidol.
   B. Respiridone.
   C. Lamotrigine.
   D. Carbamazepine.
   E. Sodium valproate.

5. **In the recommended investigations claimable for monitoring the care of bipolar disorder, the use of X is an indication for ordering thyroid function tests (TFTs). What is X?**
   A. Amitriptyline.
   B. Respiridone.
   C. Lamotrigine.
   D. Lithium.
   E. Sodium valproate.

6. **About bipolar disorder, which of the following information is CORRECT?**
   A. It affects 10 to 20 % of the Singapore population.
   B. Onset of the condition is around 40 to 50 years old.
   C. The risk of relapse is as high as 50%.
   D. One quarter of bipolar patients attempt suicide at least once.
   E. The illness cost from bipolar disorder in the United States in the 1990s was 15.5 million US dollars.

7. **About factors in the assessment of suicide risk in bipolar disorder, the presence of X identifies the patient as a high risk patient. What is X?**
   A. Moral objection to suicide.
   B. Social isolation.
   C. History of impulsive behaviour.
   D. Unemployment
   E. Previous good coping and functioning.

8. **A diagnosis of bipolar disorder can be missed or delayed by as long as 2 years. Which of the following is the most common reason?**
   A. Symptoms are usually mild.
   B. Presentation is usually late.
   C. Misdiagnosed as unipolar depression.
   D. Misdiagnosed as autism.
   E. Misdiagnosed as hypothyroidism.

9. **About the behaviour associated with bipolar disorder, which of the following is most likely to occur at the hypomanic phase of the illness?**
   A. Financially spendthrift.
   B. Sexually promiscuous.
   C. Overspeeding.
   D. Outgoing and sociable.
   E. Run-in with the law.

10. **Pharmacological treatment is the cornerstone in preventing relapses in bipolar disorder but poor adherence is common. Which of the following factors is MOST likely to result in poor adherence to medications?**
    A. Personality disorder.
    B. Older age.
    C. Married.
    D. Infrequent professional exchanges between family physician and the psychiatrist.
    E. Continuity of care.

11. **About the prevalence of depression in Singapore and worldwide, which of the following statement is CORRECT?**
    A. The lifetime prevalence of depression in the general Singapore population is 25%.
    B. About one-quarter of patients with major depression go undetected in the primary care setting.
    C. Major depression will become the leading cause of global disease burden by 2020.
    D. In the primary care setting, about 10% of patients meet the criteria for major depression.
    E. Depression is the third leading cause of long term disability.

12. **About the diagnosis of depression in the primary care setting, which of the following is CORRECT?**
    A. Diagnosis of depression is easy in the teenage patient.
    B. Life events being commonplace, are marginal triggers for depression.
    C. Mild depression is easily recognized from the conversation with the patient.
    D. Overtly depressed mood is common in chronic illness.
    E. Depression is often missed because they present with somatic symptoms.

13. **About suicide related to depression which of the following is CORRECT?**
    A. The risk of suicide is present only when the person is acute depressed.
    B. Females are more common than males to have suicidal thoughts.
    C. Suicide is more likely if there are organized thoughts or plans on going about completing the act.
    D. Previous attempts at suicide marginally increases the risk of suicide.
    E. Divorce is no longer a risk for suicide.

14. **About the comorbidity of depression, studies show that up to X% of patients with panic disorder or obsessive compulsive disorder also have depression. What is X?**
    A. 20.
    B. 25.
    C. 30.
    D. 35.
    E. 40.

15. **Madam Tan, aged 40, is not responding to the treatment of her depression. You make the decision to refer her to a psychiatrist. Which of the following be the LEAST helpful to encourage her to go and see the psychiatrist?**
    A. Demystify the psychiatric referral.
    B. Address the patient's fears and concerns.
    C. Educate the patient on the service that can be expected.
    D. Explain the emotional factors of the illness.
    E. Tell her that her illness is serious.

16. **Major depressive disorder aggregates in families and it is X times more common in individuals with first degree biological relatives affected with this disorder compared with the general population. What is X?**
    A. 1.5 to 3.0
    B. 1.7 to 3.2.
    C. 2.0 to 3.5.
    D. 2.7 to 3.7
    E. 2.5 to 4.0

17. **About the therapy for depression, the combination of X and medication is the most effective combination. What is X?**
    A. Interpersonal therapy.
    B. Cognitive behavioural therapy (CBT).
    C. Psychodynamic therapy.
    D. Behavioural therapy.
    E. Supportive counseling.

18. **About behavioural therapy (BT), which of the following is CORRECT?**
    A. BT attempts to bring repressed thoughts and feelings into consciousness and develop ways of tolerating and coping with the emotional pain.
    B. BT explores the links between depressed mood and a severe life crisis.
    C. Problem solving therapy is an example of BT.
    D. The goal of BT is to break the self fulfilling prophecy of negative automatic thoughts.
    E. BT concentrates on emotion focused solutions to depressive thoughts.

19. **About the antidepressants, they all have similarity in X. What is X?**
    A. Side-effect profiles.
    B. Drug-interactions.
    C. Time of onset of action.
    D. Efficacy of 60-70% effectiveness.
    E. Take an average of 4-6 weeks to take effect.

20. **Antidepressants are classified into different classes depending on their biological action. Which of the following is an example of noradrenergic and specific serotonergic antidepressant?**
    A. Dothiepin.
    B. Phenelzine.
    C. Duloxetine.
    D. Bupropion.
    E. Mirtazepine.

21. **About the use of electroconvulsive therapy (ECT) in bipolar disorder, which of the following is an indication?**
    A. Prolonged manic episode.
    B. Moderately severe depressive illness.
    C. Hypomania.
    D. Agitated behaviour.
    E. Apathy.

22. **In bipolar disorder, which of the following is useful in acute mania?**
    A. Bupropion.
    B. Carbamazepine.
    C. Imipramine.
    D. Sertaline.
    E. Tranylcypromine.

23. **About inducing a manic episode or "switching", which of the following class of drugs is causative?**
    A. Benzodiazepines.
    B. Atypical antipsychotics.
    C. Antidepressants.
    D. Mood stabilizers.
    E. Typical antipsychotics.

24. **About the antipsychotics in the management of bipolar disorder, which of the following induces a metabolic syndrome?**
    A. Lamotrigine.
    B. Lithium.
    C. Lorazepam.
    D. Olanzepine.
    E. Sodium valproate.

25. **About the duration of treatment for major depressive disorder after remission is achieved, for the patient with a second episode of illness, the duration of further treatment with the antidepressant is X months without tapering the dose. What is X?**
    A. 3 to 6.
    B. 6 to 12.
    C. 9 to 18
    D. 12 to 24.
    E. 15 to 30.

26. **In the assessment of an adolescent for a diagnosis of bipolar disorder, which of the following raises the likelihood of such a diagnosis?**
    A. Learning difficulty.
    B. Presence of physical illness.
    C. A positive family history of mood disorders.
    D. A difficult home environment.
    E. A single parent family.

27. **A 28-year-old Chinese patient is diagnosed to have antenatal depression. Paroxetine is prescribed. What of the following may occur in her child?**
    A. Floppiness in the child.
    B. Cleft palate.
    C. Persistent pulmonary hypertension in the newborn.
    D. Cardiac defects.
    E. Failure to thrive.

28. **A 29-year-old mother is diagnosed to have postnatal depression. Her husband wants to know what is the local prevalence of this condition. Which of the following is CORRECT?**
    A. 6.8%.
    B. 5.8%.
    C. 4.8%
    D. 3.8%.
    E. 2.8%.

29. **About the presentation of depression in the elderly patient, which of the following is CORRECT?**
    A. Outright sadness is the usual presentation.
    B. Abrupt onset of cognitive impairment.
    C. Feelings of hopelessness is seldom encountered.
    D. Poor energy is a late clinical feature.
    E. Self neglect is a late clinical feature.

30. **About therapy of bipolar disorder in the elderly patient, which of the following is CORRECT?**
    A. Medication is not crucial for control of the condition.
    B. Lithium is not effective compared to case of the younger patient.
    C. The refractory case may require electroconvulsive therapy.
    D. The starting dose of antidepressant should be low and upward titration should be then be rapid.
    E. Psychotherapy has little place in this age group.