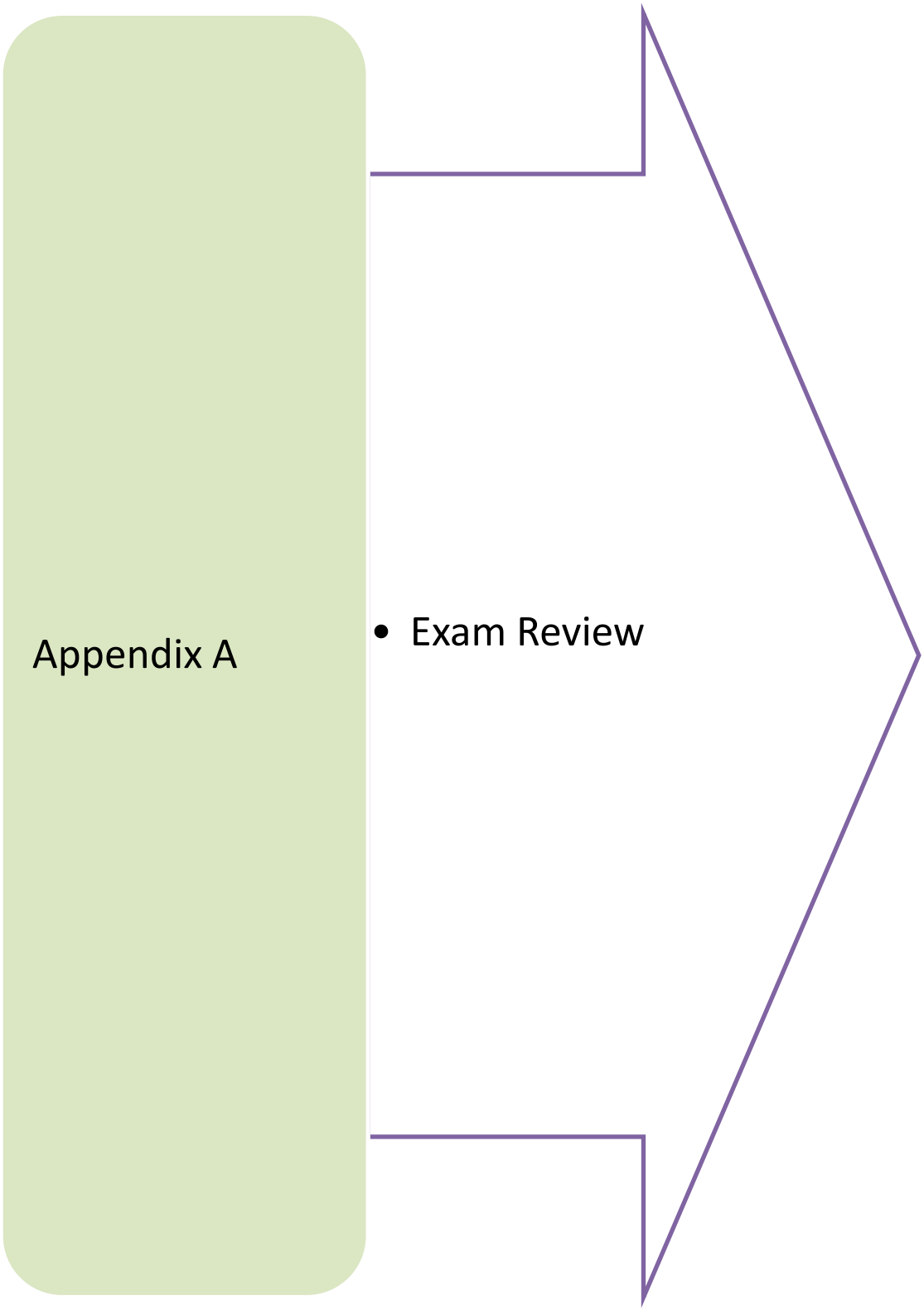
Appendix A
• Exam Review

Short- Answer Questions

1: A 22-year-old male college student failed six weeks ago in two subjects. This is his first semester at the College of Education. Last year he was studying at College of Sciences. He has been complaining for the past four weeks, of excessive worries about his future, poor sleep and crying bouts.

Q – 1 What is your differential diagnosis?

Q – 2 What is the most likely diagnosis?

Q – 3 What would be the most effective treatment for this patient?

A – 1 DDx: 1.Adjustment disorder. 2. Major depressive disorder. 3. Normal adjustment reaction.

A – 2 The most likely diagnosis is adjustment disorder with mixed anxious and depressed mood.

A – 3 Psychological treatment (especially crisis intervention and counseling).

2: A 30-year-old married man presented with five years history of low self-esteem, diminished interest and low spirit.

Q – 1 What is the most likely diagnosis and why?

Q – 2 What psychiatric disorder you should exclude?

Q – 3 Would you admit this patient into a psychiatric unit?

A – 1 Dysthymic disorder because: the nature of symptoms, chronic course, and mild degree of depressive features.

A – 2 Major depressive disorder which is characterized by: more severe depression, death wishes and suicidal ideation, and biological features(early morning waking, poor appetite, constipation and weight loss). However, major depression may complicate dysthymic disorder resulting in double depression.

A – 3 Hospitalization is not required unless he is resistant to antidepressant or a hidden physical disease is suspected requiring an in – patient investigation.

3: A 48-year old man has a psychiatric illness for more than 15 years with relapses and remissions, brought to Emergency Department at 2 a.m. by his concerned son who found him awake, weeping and asking his wife to forgive him and to take care of the children.

Q – 1 What is the most likely diagnosis?

Q – 2 Can this patient be psychotic?

Q – 3 Would you recommend giving him amitriptyline and seeing him after two weeks at the out-patient psychiatric clinic?

A – 1 Major depressive disorder (recurrent type).

A – 2 Yes, he may have mood-congruent delusions (nihilistic /guilt) or hallucinations.

A – 3 No, because the suicidal risk is very high he should be admitted into a secure psychiatric ward and treated with ECT. Tricyclic antidepressants are lethal in overdose and should not be given to a patient with high suicidal risk. Selective serotonin reuptake inhibitors (e.g. paroxetine 20 mg) are preferred in this case after treating him with ECT as in - patient.

4: A 50-year-old man referred to out-patient psychiatry clinic by a gastroenterologist consultant who has investigated him thoroughly and found no physical pathology behind his non - specific abdominal pain and distention. The patient was not convinced about the referral and was over- concerned with a hidden physical disease that has not been discovered yet.

Q – 1 What is the psychiatric diagnosis?

Q – 2 What are the possible concomitant psychiatric disorders this patient may have?

Q – 3 How would you manage this patient?

A – 1 Hypochondriasis.

A – 2 Depressive disorder - Anxiety disorder - Irritable bowel syndrome

A – 3 Reassurance and explanation. Searching for and treating any associated psychiatric disorder (e.g. depression). Avoiding unnecessary investigations. Cognitive-behavior therapy. Regular visits with predetermined appointments.

5: A 29-year-old housewife referred to psychiatry from primary care clinic with one-year history of medically unexplained continuous multiple symptoms including headache, chest pain, abdominal discomfort, dizziness and paraesthesia over the upper limbs, dysphagia and heartburn. Her baseline investigations were normal. She was not preoccupied with a serious disease.

Q – 1 What is the most likely psychiatric diagnosis and why?

Q – 2 what is the next likely diagnosis and why?

Q – 3 Would you recommend pain killers in her case?

A – 1 Somatization disorder, because of chronic continuous multiple physical symptoms not explained medically , age < 30 years, and no obvious depressive.

A – 2 Generalized anxiety disorder. She has several physical features of anxiety, which are non-episodic.

A – 3 No. Pains and aches in somatization disorder are less likely to respond to painkillers.

Psychotropic drugs (e.g. moderate dose of a tricyclic antidepressant such as amitriptyline 25 mg) can help her.

6: A 40-year-old female teacher mother of 8 children referred to out-patient psychiatric clinic with one-year history of excessive worries about her children and home duties, dizziness, tinnitus, disturbed sleep, facial numbness, headache, poor concentration, reduced appetite, excessive sweating. Symptoms fluctuate in severity but never disappeared.

Q – 1 What is the most likely diagnosis, and why?

Q – 2 Mention 3 medical diseases that can present with such a presentation.

Q – What are the possible psychological etiological factors?

3 A – 1 Generalized anxiety disorder. She has psychological and physical features of anxiety which are not episodic and not related to a specific situation.

A – 2 1. Hyperthyroidism. 2. Diabetes mellitus. 3.Hypoparathyroidism.

A –3 Anxiety traits (worried, anxiety – prone person)/ Being a teacher and having 8 children/ Possible conflicts at work/

Possible marital discord/ & Ill parents.

7: A 27-year-old man referred to the psychiatry clinic with 7 months' history of increasing episodes of sudden palpitation, tremor, headache, shortness of breath and extreme fear. His investigations showed no abnormality.

Q – 1 What is the diagnosis?

Q – 2 What physical diseases that can result in such symptoms?.

Q – 3 How can cognitive therapy help this patient?

A – 1 Panic disorder.

A – 2 1. Stimulant intoxication (e.g. amphetamine, cocaine). 2.Pheochromocytoma. 3.Hyperthyroidism.

A – 3 Patients with panic disorder have distorted believes that physical symptoms of anxiety (e.g. palpitation) are evidences of a serious physical disease. These beliefs increase the anxiety (vicious circle).
The patient is informed about the nature of symptoms (normal response to stress) and the cognitive distortions and their role in increasing the anxiety. Positive thinking is encouraged. Anticipatory anxiety is also reduced.

8: A 21-year-old male college student presented with feeling tense in the presence of others. His academic achievement has been adversely affected by his condition, his attendance was poor so as his participation in seminars.

Q – 1 What is the most likely diagnosis?

Q – 2 What is the most common personality disorder associated with this psychiatric problem?
Q – 3 Would you consider the possibility of substance abuse in this case?

A – 1 Social phobia.

A – 2 Avoidant personality disorder.

A – 3 Yes, because some persons with social phobia tend to resort to abusing stimulants or alcohol to overcome their social anxiety.

9: A 32-year-old housewife brought to the psychiatry clinic by her husband with two years history of being anxious when she is away from home and unable to go shopping alone.

Q – 1 What is the most likely diagnosis?

Q – 2 What is the other psychiatric problem commonly found in such a patient?

Q – 3 How would you treat her?

A – 1 Agoraphobia.

A – 2 Panic attacks.

A – 3 Look for associated depression and treat it. Behavior therapy; relaxation training, exposure, and response prevention. Medications: e.g. citalopram 20 mg (an SSRI), +/- short course anxiolytics (e.g. alprazolam 0.5 mg PRN for 2 weeks).

10 : A 68-year-old lady admitted in the medical ward because of complications of her uncontrolled hypertension and diabetes mellitus. She became irritable, confused, and aggressive at times.

Q – 1 What is the most likely diagnosis?

Q – 2 What are the possible causes?

Q – 3 Would you consider dementia in this case?

A – 1 Delirium (acute organic brain syndrome)

A – 2 Uncontrolled diabetes mellitus, medications, infections, and hypoxia.

A – 3 Dementia might be present in this case but it can't be diagnosed before delirium clears out, unless a clear - cut dementia features are reported by relatives who are acquainted with her.

11: A 75-year-old man brought to psychiatric clinic by his grandson who thinks his grandfather developed schizophrenia as he started to be agitated, verbally aggressive, suspicious and uncooperative with relatives. He has poor sleep and appetite.

He talks a lot about his childhood.

Q – 1 Is schizophrenia the correct diagnosis?

Q – 2 What is the most likely diagnosis?

Q – 3 What is the functional (non organic) psychiatric disorder that can present with such a picture?

A – 1 No, in fact, there is little in the presentation to suggest schizophrenia.

A – 2 Cognitive disorders; dementia (if chronic) or delirium (if acute). Absence of disturbed consciousness makes delirium less likely.

A – 3 Psuedodementia (major depressive disorder in the elderly affecting the higher mental functions).

12: A 45-year-old businessman admitted into the surgical ward for hernia operation. Two days later, before the operation he developed disorientation, illusions, hallucinations, sweating, tremor and unstable blood pressure but no fever. His liver functions were grossly impaired.

Q – 1 What is the most likely diagnosis?

Q – 2 Is this patient psychotic?

Q – 3 What is the treatment?

A – 1 Delirium tremens is the most likely diagnosis.

A – 2 Yes, this is a case of organic psychosis.

A – 3 Close supportive medical supervision. Benzodiazepines (e.g. diazepam 10 mg) in divided doses to guard against withdrawal fit. Repeated reassurance and reorientation to reduce anxiety and disorientation. Vitamin B-1 (thiamine) and dextrose. Monitor vital signs.

13: A 19-year-old male brought to Emergency Department by policemen who found him quarrelling with others, physically and verbally abusive and irritable. When his mother was contacted at home she reported that he left home two days ago, his sleep has been recently interrupted.

Q – 1 What is your differential diagnosis?

Q – 2 How would you manage him?

Q – 3 If there is no available bed in the psychiatric ward, how would you manage him?

A – 1 1. Intoxication with stimulants. 2. Manic episode. 3.Brief psychosis. 4.Schizophreniform disorder

A – 2 Non – provocative approach. IM antipsychotic (e.g. haloperidol 10 mg or olanzapine 10 mg). Hospitalization in a locked psychiatric ward for further assessment and management.

A – 3 Contact another hospital where a psychiatric secure ward is available. If there is no chance for admission in another hospital, medium acting major tranquilizer can be given (clopixol acuphase 50 – 100 mg. IM), repeated after 2 – 3 days with frequent assessment until a bed is available.

14: A 21-year-old male brought to out-patient psychiatric clinic by his parents with seven months' history of poor self-care, isolation and deteriorating academic performance.

Q – 1 What is your differential diagnosis?

Q – 2 In mental state examination, what should you be concerned about to clarify the diagnosis?

Q – 3 How would you treat him?

A – 1 1. Schizophrenia. 2. Depressive disorder. 3. Substance abuse.

A – 2 Psychotic features: delusions, hallucinations, bizarre behavior, incoherent speech and lack of insight (these features indicate schizophrenia). Depressed mood, guilt feeling, hopelessness, helplessness, pessimistic thinking, loss of pleasure, death wishes and suicidal ideation (these features indicate a depressive disorder).

A – 3 He can be treated as an out-patient. Treatment depends on the diagnosis; schizophrenia (> >antipsychotics e.g. risperidone 2 – 6 mg), depressive disorder (> >antidepressant e.g. Venlafaxine 150 mg). Hospitalization is indicated if he requires ECT (e.g. suicidal/ catatonic/neuro-vegetative), or he does not respond to enough doses of psychotropic drugs or an organic pathology is suspected that requires extensive investigations.

15: A 19-year-old girl brought to Emergency Department with tilted neck, rigid limbs and protruding tongue.

Q – 1 What are the most common two psychiatric problems that can present with such a presentation?

Q – 2 How can you differentiate between the two?

Q – 3 How would you manage her?

A –1 1. Acute dystonic reaction (a side effect of antipsychotic drugs). 2.Conversion disorder

A – 2 History: If she received antipsychotic drugs >> acute dystonia is the most likely diagnosis. If no history of antipsychotic drugs and the features were preceded by a psychological problem then the most likely diagnosis is conversion disorder.

A – 3 According to the diagnosis:

- If acute dystonia, an anticholinergic drugs e. g. procyclidine (kemadrin) IM 5 mg to counteract severe hypodopaminergic state; symptoms usually disappear within half an hour.
- If conversion disorder, abreaction with 10 mg IV slowly infused diazepam helps in resolving symptoms.

16: An 18-year-old girl was found semi-conscious at home after a hot debate with her brother who found her talking over the telephone to a non-relative man about her love affair. The mother found an empty bottle of medicine in her daughter's room.

Q – 1 What is your diagnosis?

Q – 2 What are the possible etiological factors.

Q – 3 What is the expected outcome?

A – 1 Deliberate self – harm. Most likely she took a drug overdose to influence her family and as a temporary escape from her problem.

A – 2 Unstable personality (borderline / histrionic): unstable relationships, impulsive behavior, psychiatric disorder (depression – anxiety …), and stressful life problems.

A – 3 There is a high risk of: long-term psychological problems, repetition of deliberate self-harm and suicidal attempts, and interpersonal problems with family, relatives and spouse (when she gets married).

17: A 30-year-old jobless male admitted two days ago in the hematology unit with swollen tender left leg. Gradually he started to complain of severe muscular and joint pain, vomiting and diarrhea. He kept asking for pethidine. Hematologist consultant referred him for psychiatric assessment.

Q – 1 What is the most likely psychiatric diagnosis?
Q – 2 What are the complications of this condition?
Q – 3 How would you manage such a case?

A – 1 Opioid withdrawal (most commonly heroin).

A – 2 Accidental overdose, often related to loss of tolerance after a period of enforced abstinence. It commonly leads to death because of respiratory suppression. Complications of intravenous drug usage: HIV, hepatitis (B and C), endocarditis, necrosis at the injection site, deep vein thrombosis(DVT), and pulmonary embolism.

A – 3 Although withdrawal symptoms are very unpleasant, they are not dangerous to an otherwise healthy person. Therefore, it is best not to offer pethidine. Severe pain can be controlled by non-steroidal painkillers (e.g. voltaren). Methadone (longer acting drug) may be used in planned withdrawal of opioids. Benzodiazepine can be used to control symptoms. Psychological management is important.

18: A 7-year-old boy brought by his parents with history of repeated bed-wetting for the past four months. He achieved urine continence by the age of five years for more than a year.

Q – 1 What is the diagnosis?
Q – 2 Is this an organic or functional psychiatric problem?
Q – 3 What is the management?

A – 1 Nocturnal enuresis – secondary type.

A – 2 Secondary nocturnal incontinence is usually psychological. Possible precipitating factors: Entering school, birth of a sibling, anxiety, and depression.

A – 3 Proper assessment. Identify and treat any psychiatric problem. Fluid restriction before bedtime. Advice to parents;praise success and avoid disapproval. Tricyclic antidepressant (e.g. imipramine 25 mg at bedtime). Behavior therapy; star charts & pad and bell.

19: A 9-year-old boy student in the first class referred by his teacher for assessment of his intelligence. Teachers reported excessive movement, inability to settle in one place, learning difficulties and disobedience.
Q – 1 What is your diagnosis?
Q – 2 Is he mentally retarded?
Q – 3 How would you treat him?

A – 1 Attention-Deficit Hyperactivity Disorder (ADHD /Hyperkinetic Syndrome).

A – 2 Many children with mental retardation are distractive, overactive and impulsive.Hyperkinetic disorder occurs more commonly among children with mental retardation than among those of normal intelligence. However, diagnosis of mental retardation in this boy is better deferred until his ADHD is treated, then IQ test can be done.

A – 3

- Stimulant drugs (e.g. methylphenidate) can reduce overactivity and improve the attention span.
- Explain the nature of the condition to the parents and teachers who should be supported in their efforts to contain and live with the condition.
- Remedial teaching is require if no improvement with the above measures.

20: A 7-year-old girl student in the first class brought by her parents who reported vague abdominal pain associated with crying. Pain usually comes in the morning and disappears when she is taken to the Pediatrician. In Pediatric clinic she was assessed thoroughly by a consultant who advised the parents to take her to a psychiatrist.
Q – 1 What is the most likely diagnosis?
Q – 2 What is the most common important cause of this disorder?
Q – 3 What is the prognosis?

A – 1 School phobia.

A – 2 Separation anxiety.

A – 3 Prognosis depends on presence or absence of good and bad prognostic factors. Most younger children eventually return to school unless the case is severe, and perpetuating factors keep maintaining the disorder (e.g. marital problems, failure in class, bullying by other children).

21: A 6-year-old boy referred to psychiatric clinic by a speech therapist. The mother complained that her son is delayed in speech (utters only few words), prefers to stay alone, insists to engage in the same repetitive games.
Q – 1 What is the diagnosis?
Q – 2 The mother is concerned with an abnormal parenting as a cause of the problem. Would you agree with her?
Q – 3 What is the treatment?

A - 1 Autistic disorder (childhood autism).

A – 2 No, abnormal parenting has not been shown to be a cause of autistic disorder. The exact cause is still unknown, though some studies suggest an organic pathology.

A – 3 There is no specific treatment.
Management should include:

- Special schooling (may be residential) to help the child to achieve his remaining potential development.
- Control or modification of abnormal behavior.
- Support for the family.
- Antipsychotic drugs (e.g. risperidone 2m) were found useful in some autistic children.

MCQs Single - Best Answers

1. A 25-year-old woman said, *"news anchor on the TV talks about me in particular"*. The most likely psychopathology in this case is:
    a. Nihilistic delusion.
    b. Delusion of reference.
    c. Paranoid delusion.
    d. Delusion of influence.

2. A 22-year-old man said: "actors on the TV are able to make me do what they want". The most likely psychopathology in this case is:
    a. Persecutory delusion.
    b. Delusion of reference.
    c. Hallucinations.
    d. Delusion of control.

3. A psychiatrist asked a patient about patient's reaction to usual life stresses. The psychiatrist was assessing the patient's :
    a. Thinking process.
    b. Personality traits.
    c. Judgment.
    d. Personal history.
4. A 19-year-old male seen at Emergency Department appeared fully awake but was unable to talk, unresponsive to stimuli, and immobile. He has
    a. Akathisia.
    b. Stupor.
    c. Dyskinesia.
    d. Dystonia.

5. A 42-year-old mother of 8 children has bronchial asthma and hyperthyroidism. Her parents separated since her childhood. She has several weeks' history of irritability, tremor, and insomnia. She is worried about the cause of her problem. Her aunt told her that:" your illness is due to an evil eye". The most immediate step in the management is :
    a. Convince her that *evil eye* is not the cause of her problem.
    b. Inform her that parental separation is the precipitating factor.
    c. Take detailed psychosocial history and ask about current medications.
    d. Explain how bronchial asthma has precipitated her illness.

6. A 29-year-old psychiatric patient has sudden cessation of thought flow with complete emptying of the mind not caused by an external influence. This indicates:
    a. A psychotic disorder.
    b. An organic etiology.
    c. Poverty of thoughts.
    d. Obsessive thoughts.
7. While interviewing a 66 -year-old woman she could not identify the date correctly, although she was fully conscious. She has impaired:

    a. Memory.
    b. Registration.
    c. Attention.
    d. Orientation.

8. The psychiatrist asked a patient to express his current feelings during the interview. The psychiatrist was assessing:
    a. Concrete thinking.
    b. Self-awareness.
    c. Subjective affect.
    d. Objective mood.

9. While assessing a 19-year-old man, you ask him to tell you the difference between "a book and a notebook". You test patient's:
    a. Cognitive functions.
    b. Visuospatial ability.
    c. General Knowledge.
    d. Abstract thinking.

10. While assessing a 21-year-old man, the psychiatrist asked his patient "do you think that you are mentally ill?" He was assessing patient's:
    a. Intelligence.
    b. Insight.
    c. Perception.
    d. Judgment.

11. A 41-year-old man seen at Emergency Department with his wife because he strongly believes that there are certain cameras implanted throughout the city to watch him. He has:

    a. Paranoid delusion.
    b. Hallucinations.
    c. Thought insertion.
    d. Obsessive ideas.

12. While evaluating a patient the psychiatrist requested the patient to repeat 7 digits after the psychiatrist dictates them slowly. The psychiatrist was assessing patient's:
    a. Perception.
    b. Short term recall.
    c. Attention.
    d. Concentration.

13. A 23-year-old psychiatric patient is unable to keep sitting still and is fully aware of his restlessness. This condition is called:
    a. Agitation.
    b. Mannerism.
    c. Akathisia.
    d. Stereotypes.

14. While evaluating a 24-year-old woman, she indicated that she feels as if she heard voices of her relatives inside her head without their presence. This psychopathology is called:
    a. Pseudo-hallucinations.
    b. Derealization.
    c. Illusions.
    d. Hallucinations.

15. While assessing a 67-year-old man you ask him to tell you what the time is. You suspect :
    a. A psychotic disorder.
    b. Impaired concentration.
    c. Impaired judgment.
    d. An organic disorder.

16. A 75-year-old man admitted in the surgical ward because of prostate carcinoma, urinary retention and urinary tract infection. At night, he became hostile, irritable, drowsy and uncooperative. The most likely diagnosis:
    a. Adjustment disorder.
    b. Dementia.
    c. Acute stress disorder.
    d. Delirium.

17. A 74-year-old woman known case of hypertension and diabetes mellitus developed dysarthria due to a transient ischemic attack. She has poor attention span and memory impairment for several months. The likely primary diagnosis is:
    a. Alzheimer's disease.
    b. Delirium.
    c. Vascular dementia.
    d. Amnestic syndrome.

18. A psychiatric nurse phoned the psychiatrist telling him about one of the patients in the psychiatric ward. She said: "the patient looks drowsy and could not identify where he is". She described the patient's:
    a. Cognition.
    b. Perception.
    c. Behavior.
    d. Illusions.

19. A 65-year-old woman uses antihistamine drugs for her chronic increasing insomnia. Last week she was commenced on Amitriptyline 50 mg by a GP for insomnia. Her husband then found her disoriented, hallucinating and hyperthermic. Her face was flushed and her skin was dry. She developed:
    a. Neuroleptic malignant syndrome.
    b. Serotonergic syndrome.
    c. Anticholinergic syndrome.
    d. Wernicke – Korsakoff's syndrome.

20. Mr. A is 45-year-old diabetic man on insulin, known to his friends as a kind, calm, and cooperative person. At 11 a.m., he suddenly became potentially assaultive and aggressive without an obvious provoking event. The most important investigation is:
    a. Brain CT scan.
    b. Blood glucose level.
    c. Complete blood count (CBC).
    d. Thyroid function test.

21. A 45-year-old businessman came to Emergency Department complaining of insomnia for 3 days after he ran short of his sleeping pills. He was asking for a specific drug, which comes in a glass bottle manufactured by ROCHE Company, and he knows that each tablet is 2 mg. He said he uses 5 tablets each night to sleep. The most likely problem of this patient is:
    a. Heroin abuse.
    b. Benzodiazepines abuse.
    c. Methadone abuse.
    d. Abuse of painkillers.

22. A 33-year-old single man was caught by police officers and put in prison because he was driving his car recklessly with high speed at 3am in the highway. Next day he started to show excessive lacrimation, runny nose, repeated vomiting, and abdominal cramps. However, his consciousness was intact. The most likely problem of this patient is:
    a. Cannabis abuse.
    b. Methadone intoxication.
    c. Abuse of naloxone.
    d. Opioid withdrawal.

23. A 45-year-old man presented with disorientation, ataxia and poor memory. He asked for a referral to a specialist in eye diseases. The most likely cognitive impairment in this patient is:
    a. Short-term memory.
    b. Immediate memory.
    c. Recent memory.
    d. Orientation to time.

24. A 16- year-old girl has several unpredictable episodes of distortions of sensations and perceptions associated with memory disturbance and fear followed by periods of confusion. In between the episodes, she is completely normal. The most likely diagnosis is:
    a. Schizophrenia.
    b. Somatization disorder.
    c. Complex partial seizures.
    d. Conversion disorder.

25. An 18-year-old female, brought to Emergency Department by her parents with a sudden episode of right hand weakness and muteness the night before exam. Her clinical assessment revealed no real neurological deficit. The most important management step is
    a. Intramuscular injection of haloperidol.
    b. Drug-aided interview with suggestions.
    c. Arrange brief regular appointments.
    d. Confront her that she is malingering.

26. A 50-year-old woman with 4 months history of stroke seen at neurology clinic has low mood, lethargy, loss of interest, and crying. The following medication is effective for such symptoms :

    a. Lorazepam.
    b. Imipramine.
    c. Citalopram.
    d. Carbamazepine.

27. A 48-year-old man has chronic insomnia, repeated vomiting, sexual dysfunction, social isolation, episodic tremor, and anemia. His physician requested liver function tests. The most likely abnormal result is:

    a. Low billirobins.
    b. High HDL.
    c. High GGT.
    d. Low LDL.

28. A 30-year-old woman came to primary care clinic asking for investigations because she has shoulder pain, headache, abdominal distention, numbness in her left arm, nausea, and discomfort in her pelvis for 2 years. The following is the most important first management step:

    a. Explore psychosocial stresses.
    b. Hospitalize her for close observation.
    c. Investigate her for Tuberculosis.
    d. Request a personality test.

29. A 42-year-old man has repeated chest pain, extreme worries about his heart, and afraid of sustaining ischemic heart disease. His treating physician reassured him "nothing wrong in your heart". His preoccupation persists in spite of medical reassurance. The next management step would be:

    a. Confrontation.
    b. Excluding anxiety.
    c. Amitriptyline.
    d. Repeated reassurance.

30. A 48-year-old woman was commenced on interferon treatment for hepatitis C infection. She then developed depressive features. The appropriate medication would be:

    a. Imipramine.
    b. Alprazolam.
    c. Escitalopram.
    d. Methadone.

31. A 25-year-old man was brought to outpatient psychiatry clinic with 3 months history of hearing voices commenting on his actions, persecutory delusion, and disorganized behavior without disturbed mood. However, he returned normal with no medications. The most likely diagnosis is:

    a. Brief psychotic disorder.
    b. Schizophreniform disorder.
    c. Schizoaffective disorder.
    d. Schizophrenia.

32. A 23-year-old single woman has 9-month history of self-neglect, flat affect, social isolation and inappropriate smiles. The following is the most appropriate treatment:

    a. Haloperidol.
    b. Quetiapine.
    c. Diazepam.
    d. Amitriptyline.

33. A 26-year-old single jobless male was brought to Emergency Department by his parents who gave a 4-year history of self-neglect, restricted affect, and disorganized behavior. He is treated with a monthly injection at a mental hospital. Parents are worried about their son's mutism, rigid limbs, and clouding consciousness. The most appropriate management step is:

    a. Give him haloperidol IM.
    b. Brain CT-Scan is essential.
    c. Check his creatinine-phosphokinase (CPK).
    d. Apply CAGE questionnaire.

34. A 35- year-old woman delivered two weeks ago, she then gradually became paranoid, agitated aggressive, restless and insomniac. The most appropriate treatment is:

a. Imipramine
b. Fluoxetine.
c. ECT.
d. Psychotherapy.

35.A 27-year-old single female had a three-week period of hearing nonexistent voices, disorganized thoughts and behavior without any precipitating factor. Her mood was not elevated or irritable . She then became normal with no intervention. The most likely diagnosis is:

a. Schizophreniform disorder.
b. Brief psychotic disorder
c. Disorganized schizophrenia.
d. Schizoaffective disorder.

36.A 30-year-old driver became increasingly irritable, insomniac, over-suspicious and hyper-vigilant for the past 4 weeks. The most likely diagnosis is:

a. Cannabis abuse.
b. Major depressive episode.
c. Amphetamine abuse.
d. Paranoid Schizophrenia.

37.A 33-year-old man has been noticed by his father over the last 6 months to have rapidly changing behavior and mood. Sometimes he appears very relaxed, euphoric, repeating songs and has good appetite. At other times, he appears irritable, anorexic, and insomniac. The most likely substance he has been abusing is:

a. Heroin.
b. cannabis.
c. Amphetamine.
d. Inhalants.

38.A 25-year-old college student has one year history of poor academic performance, poor self care, posturing, rigidity and lack of motivation. The most likely diagnosis is:

a. Catatonic schizophrenia.
b. schizoaffective disorder.
c. Schizoid personality disorder.
d. Paranoid personality.

39.A 28-year-old male patient has third person auditory hallucinations, and disorganized behavior for more than 8 months. His premorbid personality revealed that he was self-sufficient person with emotional coldness and has little interest in interpersonal relationship. Using the multi-axial system for diagnosis, the following statement is true about the diagnosis:

a. In Axis I: delusional disorder.
b. In Axis I: Schizotypal personality disorder.
c. In Axis II: Schizophrenia disorganized type.
d. In Axis II: schizoid personality disorder.

40. A 19-year-old girl known case of schizophrenia was brought to Emergency Department because of tongue protrusion, rigid limbs and sustained upward gaze of her eyes. Your best initial procedure would be:

a. I.M. haloperidol.
b. Immediate admission.
c. I.M. anticholinergic medication.
e. Restrain her.

41. A 28-year-old single female developed hallucinations, paranoid delusions and disorganized behavior. She was treated with risperidone 4 mg/day. For the last two months, she missed her menstrual cycles. Your best initial step would be:

a. Bromocriptine 10 mg.
b. Discontinue risperidone.
c. Reduce risperidone to 3 mg.
d. Change to clozapine 200 mg.

42. A 23-year-old man has been given haloperidol 10 mg twice/ day to treat his delusions and hallucinations. A week later he came to Emergency department with very painful spasm of neck muscles. To overcome this problem give him:
    a. Quetiapine.
    b. Propranolol.
    c. Olanzapine.
    d. Benztropine.

43. A 34-year-old single man seen at outpatient psychiatry clinic with his father who described the patient as " emotionally cold person, has no friends, and indifferent to criticism. The father described:
    a. Paranoid personality traits.
    b. Schizoid personality traits.
    c. Chronic schizophrenia.
    d. Schizotypal personality traits.

44. A 28-year-old woman seen at marital therapy clinic. Her husband gave the following description of her personality:" Stubborn woman, oversensitive to offenses, and projecting her faults onto others". Her mother confirmed what the husband said. The husband described:
    a. Paranoid personality traits.
    b. Disorganized schizophrenia.
    c. Schizotypal personality traits.
    d. Schizoaffective disorder.

45. A 24-year-old man seen at Emergency Department with two days' history of violence and destructive behavior. The most convenient treatment is:
    a. Procyclidine.
    b. Carbamazepine.
    c. Olanzapine.
    d. clozapine.

46. A 44-year-old man presented with a 4-week history of lack of motivation, fatigue, excessive self-blame, poor appetite, social isolation, and delaying his tasks. He has no previous history of psychiatric or medical disorders. The most likely diagnosis is;
    a. Major Depressive Disorder, recurrent type.
    b. Dysthymic disorder.
    c. Major depressive Disorder, single episode.
    d. Depression due to underlying medical problem.

47. A 29-year-old woman has been suffering lack of enjoyment, low self-esteem, insomnia, poor concentration, and fatigue for more than 3 years. She has no medical diseases. The most likely diagnosis is;
    a. Bipolar II mood disorder.
    b. Bipolar I mood disorder.
    c. Cyclothymic disorder.
    d. Dysthymic disorder.

48. A 26-year-old university graduate had 3 episodes of disturbed mood one of which characterized by being very energetic, and impulsive to the degree of being admitted to a psychiatry ward where he was treated with Olanzapine 10 mg daily. After discharge, he has been completely normal for the past 4 months. He does not abuse drugs and healthy otherwise. The most pertinent drug to add is:
    a. Clozapine.
    b. Valproate.
    c. Imipramine.
    d. Alprazolam.

49. A 38-year-old man has 10 year-history of bipolar I mood disorder, with no history of chronic medical problems. At present, he suffers a severe major depressive episode with suicidal ideas. His treating psychiatrist decided to hospitalize him for ECT. The psychiatrist was so concerned in this case that ECT may precipitate:
    a. Resistant psychosis.
    b. Amnestic syndrome.
    c. Epilepsy.
    d. Manic episode.

50. A 50-year-old businessman alcoholic for more than 10 years, has marital problems. Recently he lost 3 million SR in the stock market. He became insomniac, and agitated. He sent a SMS message to his wife asking her to forgive him. His son brought him to Emergency Department. The most urgent step would be:

a. Amitriptyline 50 mg.
b. Hospitalization.
c. Lorazepam 2mg.
d. Reassurance and explanation.

51. A-35-year old man has a long history of a recurrent mental illness maintained on a medication that helped in reducing the number and the severity of his relapses. Three days before, he abruptly discontinued his medication upon the request of a faith- healer. Then, he developed repeated fits. The best management is:

a. Prescribe him haloperidol 10 mg.
b. Resume his previous medication
c. Admit him in the psychiatric ward.
d. Give him alprazolam 2 mg,3 times/day.

52. A 55-year-old woman has resistant depression seen at the outpatient clinic and given maximum dose of paroxetine with no improvement. She then went to a private psychiatric clinic and given moclobemide 300 mg twice per day (along with paroxetine). Three days later, she showed tremor, nystagmus, myoclonus, confusion and then coma. The most likely diagnosis is:
a. Hypertensive crisis.
b. Neuroleptic malignant syndrome.
c. Serotonergic syndrome.
d. Anticholinergic delirium.

53. A 33-year-old man has been complaining of nausea, abdominal discomfort, loss of appetite, and sexual dysfunction. Three weeks before, his doctor started him on a medication for depression. The most likely medication was:
a. Lamotrigine.
b. Fluoxetine.
c. Mirtazapine.
d. Risperidone.

54. A 56-year-old hypertensive man on antihypertensive medications was referred to psychiatry clinic for evaluation of loss of pleasure, poor erection, poor appetite, and disturbed sleep. The most appropriate management step:
a. Start him on paroxetine 50 mg.
b. Investigate him for hypothyroidism.
c. Review side effects of his medications.
d. Add Propranolol to his medications.

55. A 27-year-old woman noticed by her husband, over the last two weeks, to have excessive talking, overambitious ideas, tense mood, and decreased need for sleep. The most appropriate drug is:
a. Procyclidine.
b. Lithium.
c. Quetiapine.
d. Paroxetine.

56. A 28-year-old married man has a 4-year history of tiredness, low self-confidence, lack of enjoyment, difficulty making decisions, and insufficient sleep. The most appropriate treatment is:
a. Carbamazepine.
b. Amitriptyline.
c. Electroconvulsive therapy.
d. Escitalopram.

57.. A 44-year old man has a long history of a recurrent mental illness maintained on a psychotropic medication that helped in reducing the number and the severity of his relapses. Three days before, he had food poisoning with severe diarrhea. He then developed ataxia and course tremor. The most likely diagnosis:

a. Hypertensive crisis.
b. Lithium toxicity.
c. Serotonergic syndrome.
d. Anticholinergic delirium.

58. A 26-year-old man had several brief psychotic episodes. He has unstable self-image, identity disturbance, fluctuating emotions, and chronic feelings of emptiness. The most appropriate treatment is:
    a. Lorazepam.
    b. Carbamazepine.
    c. Lithium.
    d. Clomipramine.

59. A 28-year-old woman has a dedicated seeking of approval, preoccupation with entitlement, wealth and power. Her fantasies have always been excessive and unreasonable. The most likely diagnosis is:
    a. Cyclothymic disorder.
    b. Histrionic personality disorder.
    c. Narcissistic personality disorder.
    d. Antisocial personality disorder.

60 . A 23-year-old man has a prolonged history of attention seeking behavior, extreme shallow and shifting emotions, and self-dramatization. The most appropriate treatment:
    a. Lamictal.
    b. Lithium..
    c. Psychotherapy.
    d. Hospitalization.

61. A 32-year-old man presented with intense worries when he becomes in the middle of a row in the mosque as escape seems difficult. The most likely diagnosis is:
    a. Panic disorder.
    b. Specific phobia.
    c. Agoraphobia.
    d. Social phobia.

62. A 20-year-old college student presented with repeated bouts of palpitation, sweating, and excessive worries when he uses public transport. The most likely diagnosis is:
    a. Generalized anxiety disorder.
    b. Posttraumatic disorder.
    c. Agoraphobia with panic attacks.
    d. Social phobia.

63. A 37-year-old woman has one-year history of epigastric discomfort, sweating, dysmenorrhea, feeling of restlessness, sensitivity to noise, tinnitus and dizziness. The initial management step should be:
    a. Citalopram 20 mg.
    b. Exclusion of anemia.
    c. Brain CT scan.
    d. Alprazolam for 2 weeks.

64. A 26-year-old medical student doing Medicine rotation came to his tutor asking to be exempted from presenting his assigned presentation because he cannot withstand talking in front of his classmates. He feels marked distress, palpitation, sweating and shortness of breath. The most common accompanying personality disorder is:
    a. Avoidant personality disorder.
    b. Dependant personality disorder.
    c. Obsessive-compulsive personality disorder.
    d. Histrionic personality disorder.

65. A 23-year-old woman was noticed by her sister spending 30 - 45 minutes in the bathroom several times daily. She avoids shaking hands with others and excessively asks about the proper way of performing prayers perfectly. The following medication is recommended:
    a. Bupropion.
    b. Clomipramine.
    c. Imipramine.
    d. Quetiapine

66. A 35-year-old mother of three children recently delivered a baby with congenital defected. Three weeks later she became excessively worried, crying, hopeless, agitated, and socially withdrawn. Her husband reported that she always has low frustration tolerance when she faces moderate stresses. The most likely diagnosis is:
    a. Post traumatic stress disorder.
    b. Acute stress disorder.
    c. Brief psychotic disorder.
    d. Adjustment disorder.

67. A 30-year-old woman lost her husband ten days ago in a road traffic accident. She has not showed any emotional reaction. That reflects
    a. A normal adjustment reaction.
    b. An abnormal grief.
    c. Adjustment disorder.
    d. Acute stress disorder.

68. A 28-year-old man witnessed death of his friend in a road traffic accident (RTA) two weeks ago. Since then, he suffers from bouts of excessive fear of driving his car, extreme distress on exposure to reminders of that RTA, and bad dreams. The following is an appropriate management step:

    a. Overcome denial.
    b. Olanzapine 15 mg.
    c. Amitriptyline 50 mg.
    d. Crisis intervention.

69. A 32-year-old woman referred to psychiatry outpatient clinic through cardiology clinic with several months' history of recurrent unprovoked episodes of palpitation, sweating, nausea, dizziness and fear of death. The most likely diagnosis is:
    a. Acute stress disorder.
    b. Specific phobia.
    c. Panic disorder.
    d. Generalized anxiety disorder.

70. A 23-year-old newly married woman has recurrent persistent images in her mind about harming her husband by a knife. She knows that these images are senseless, silly and should be resisted, but she cannot make them go away. She has the following psychopathology:
    a. Compulsions.
    b. Hallucinations.
    c. Obsessions.
    d. Delusions.

71. A 19-year-old woman college student failed 3 weeks ago in two subjects. She came to outpatient psychiatry clinic with 5 days history of lack of sleep, very poor appetite, excessive crying episodes, lack of pleasure and loss of hope. The most appropriate management step is:
    a. Lorazepam 2mg/day.
    b. Crisis intervention.
    c. Risperidone 4 mg / day.
    d. Behavioral therapy.

72. A 14-year-old boy was brought by his father because of 7 days' history of very severe distress, intense fear whenever he goes to his uncle's house. Ten days ago, two of his relatives raped him. The most likely diagnosis is:

    a. Agoraphobia.
    b. Acute stress disorder.
    c. Post traumatic stress disorder.
    d. Social phobia.

73. A 23-year-old man presented with extreme fear whenever he enters an elevator (lift). The most appropriate statement about his treatment is:
    a. Psychodynamic therapy.
    b. Olanzapine 5 mg.
    c. Behavior therapy.
    d. Insight-oriented therapy.

74. A 27-year-old woman referred to psychiatry outpatient clinic through ENT clinic with several months' history of continuous tinnitus, vertigo, and recurrent unprovoked episodes of palpitation. Her investigations were normal. The most appropriate statement about her treatment is:
    a. Paroxetine 20 mg.
    b. Propranolol 100 mg.
    c. Haloperidol 10 mg.
    d. Procyclidine10 mg.

75. A 38-year-old married man seen at outpatient clinic for a 9-month history of persistent muscle tension, disabling anxiety, irritability, and disturbed sleep. The most appropriate statement about his treatment is:
    a. Aricept.
    b. Quetiapine.
    c. Buspirone.
    d. Benztropine.

76. A 9 year-old boy student in the third grade brought by his parents because of impulsive behavior ,learning difficulties, disobedience, excessive movement in the class and inability to settle in one place. Before initiating treatment for this case it is important to do:
    a. Liver function tests.
    b. Growth chart.
    c. Thyroid function test.
    d. Complete blood count

77. A 10 year-old girl has delayed milestones, increasing distractibility, poor academic performance, speech problems and destructive behavior. The most appropriate immediate step is:
    a. Brain CT scan.
    b. Growth chart.
    c. IQ test .
    d. Electroencephalogram (EEG).

78. A 5 year-old boy was brought by his mother because she has noticed that he does not interact well with his relatives, does not speak properly and does not laugh as other children. Otherwise his milestone development was comparable to his normal siblings. The most likely diagnosis is:
    a. Disintegrative disorder.
    b. Mental retardation.
    c. Separation Anxiety.
    d. Autistic disorder.

79. A 6 year-old girl was seen at child psychiatry clinic because of bed wetting . Her mother always takes her to toilet before sleep. Her father kept asking her to clean her bed in the morning . The following medication can reduce her symptoms:
    a. Imipramine.
    b. Propranolol.
    c. Fluoxetine.
    d. Valproate .

80. An 11 year-old girl was referred from pediatric clinic because she has repeated unexplained abdominal pain, vomiting, diarrhea, and headache. However, during the week-ends she enjoys visiting relatives and has no symptoms. The most likely diagnosis is:

    a. Somatization disorder.
    b. Malingering.
    c. School phobia.
    d. Asperger's syndrome.

OSCE

Q 1 This is Mr. Hamad; father of your patient (Ahmed). Show me how you would collect Ahmed's personal history.

First, greet the patient's father by name and introduce yourself. Put him at ease; arrange for a private comfortable setting, and appropriately tell the purpose of the interview. Then, ask about
***Birth*:** any known obstetric or prenatal difficulties?
Early development: developmental milestones (motor and language), early childhood attitudes and relationships with parents, siblings and others, any emotional or behavioral difficulties.
School: age at starting and end of school life, approximate academic ability, specific difficulties, attitudes and relationships with teachers and pupils and highest grade attained.
Occupations: age at starting work, jobs held, reasons for change, satisfaction in work, relationships with workmates and with supervisors.
Puberty: age at onset, knowledge, attitude and practice of sex.
Adolescence: attitude to growing up, to peers, to family and authority figures, and emotional or behavioral problems.
Marital history: age at marriage, relationships within the marriage, number of children and attitude toward them.
Current social situation: social environment and social relationships, financial circumstances and social difficulties.
Tobacco and substance abuse, and legal (forensic) problems.

Q 2 This is Mrs. Norah; mother of your patient (Huda). Show me how you would enquire about Huda's personality traits.

First, greet the patient's mother by name and introduce yourself. Put her at ease; arrange for a private comfortable setting, and appropriately tell the purpose of the interview. Then, ask about **Personality Traits:**

- Attitude to self (self-appraisal, performance, satisfaction, past achievements and failures, future..)
- Moral and religious attitudes and standards.
- Prevailing mood and emotions.
- Reaction to stress (ability to tolerate frustration and disappointments, pattern of coping strategies).
- Interpersonal relationships.
- Personal interests, habits, hobbies and leisure activities.

Q 3 Mr. Adel is a 25-year-old man reported hearing voices of non-existent people. Show me how you would assess her auditory hallucinations.

First, greet the patient by name and introduce yourself. Put him at ease; arrange for a private comfortable setting, and appropriately tell the purpose of the interview

1-While fully awake, do you hear voices of someone when actually nobody is speaking around you? How many voices you are hearing?

2- How do the voices refer you (e.g., as “you” or “him/her”)?

3- Are they accusing/ordering you /commenting on what you are doing? Or discussing you between themselves?

4- What do the voices say? & what is your reaction to them?.

Q 4 Mrs. Wafa is a 23-year-old woman has unusual beliefs. Show me how you would ask about delusions.

First, greet the patient by name and introduce yourself. Put her at ease; arrange for a private comfortable setting, and appropriately tell the purpose of the interview**.**

1. Do you believe that some events or others' behavior refer to you in particular?

2-Do you believe that someone is persecuting you/following you for harm?

3-Do you believe that you have special power, ability, or identity?

4-Do you believe that your actions, emotions, or thoughts are being forced on you by someone else? If yes, tell me more about that?

5- Do you feel that someone is putting thoughts into your head or taking them away?

6- Do you feel that that your thoughts can be transmitted to others in some way?

7- To what extent you are sure of such a belief?.

8- On what basis you have adopted this belief?

See: youtube.com/watch?v=Iigs060bxSs مقطع من طلبة كلية الطب

Q 6 Mr. Ali is a 70-year-old man has a mental illness. Show me how you would assess his cognitive functions.

First, greet the patient by name and introduce yourself. Put him at ease; arrange for a private comfortable setting, and appropriately tell the purpose of the interview**.**

Attention; spell a word backward (e.g. World / مستشفى**).**

Concentration: name the months of the year in reverse order. Or subtract 7 from 100 then to take 7 from the remainder repeatedly until it is less than seven**.**

Orientation:

a-Time; what is the day, time of the day & date (day, month, and year)?
b- Place; where are we (building/hospital, area, city, country)?
c- Person; can you recognize this person?

Memory:

1- **Immediate (registration);** repeat the following 7 digits after me first forward, then backward (e.g. 3,8,1,4,7,2,9).
2- **Short-term (retention);** I will mention **3** names to remember (e.g. a banana, a clock and a car). and then after 5 minutes ask for recall, during which time you distract patient by doing something else
3- **Recent;** ask questions regarding the last few days in patient's life events that you can verify (e.g., what the patient did yesterday morning),
4- **Remote;** ask patient to recall personal events (e.g. birth date, wedding date) or well-known public events from some years before (e.g.11 September 2001 events),

Q 5 Mr. Sultan is a 30-year-old man has a mental illness. Show me how you would ask about insight.

First, greet the patient by name and introduce yourself. Put him at ease; arrange for a private comfortable setting, and appropriately tell the purpose of the interview.

Ask patient about the degree of awareness of his illness.

1. Do you believe that you have abnormal experiences?
2. Do you believe that your abnormal experiences are symptoms of illness?
3. Do you believe that the illness is psychiatric?
4. Do you believe that psychiatric treatment might benefit you?

Q 7 Mr. Turky is a 46-year-old man hospitalized for cholecystectomy. He admitted abusing alcohol to overcome his chronic insomnia. Show me how you would make sure whether he is dependent on alcohol or not.

First, greet the patient by name and introduce yourself. Put him at ease; arrange for a private comfortable setting, and appropriately tell the purpose of the interview.

CAGE questionnaire. Ask the patient: "Have you ever;

1.wanted to cut down on your drinking?
2. felt annoyed by criticism of your drinking?
3. felt guilty about drinking?
4. taken a drink as an "eye opener" (to prevent the shakes)?"

≥ 2 "yes" answers are considered a positive screen.
One "yes" answer should arouse suspicion of abuse.

Q 8 Mrs. Nawal is a 37-year-old woman delivered 3 weeks ago. Her husband thinks she is depressed. Show me how you would elicit depressive features.

First, greet the patient by name and introduce yourself. Put her at ease; arrange for a private comfortable setting, and appropriately tell the purpose of the interview.

1. Do you feel markedly low mood most of the day for ≥ 2-week period?
2. Do you feel markedly diminished interest or pleasure during the same 2-week period?
3. Do you feel markedly decreased appetite in nearly every day and significant weight loss, when not dieting? Or weight gain.
4. Do you feel markedly disturbed sleep (insomnia or hypersomnia) nearly every day?
5. Do you feel marked fatigue or loss of energy nearly every day?
6. Do you experience feelings of worthlessness or excessive guilt?

Q 9 Mr. Mansoor is a 55-year-old man brought to Emergency Department by his wife at 3 am because he tried to kill himself. Show me how you would assess suicide.

First, greet the patient by name and introduce yourself. Put him at ease; arrange for a private comfortable setting, and appropriately tell the purpose of the interview.

1. Have you ever thought that life was not worth living?"
2. Do you feel hopeless towards the future?
3. Have you ever wished you passed away (died)?
4. Have you had thoughts of ending your life?

" If yes, inquire about:

a. The frequency of these thoughts.
b. The intensity of these thoughts.
c. Methods of suicide the patient has considered?.
d. Any preparations?" (e.g., suicide note).

Also ask about depressive features (see case 8).

See: youtube.com/watch?v=qWuzqF3QIVE مقطع من طلبة كلية الطب جامعة الملك سعود

Q . 10 Mrs. Abeer is a 35-year-old woman seen at outpatient clinic with one-year history of tense mood. Show me how you would assess whether she has anxiety.

First, greet the patient by name and introduce yourself. Put her at ease; arrange for a private comfortable setting, and appropriately tell the purpose of the interview**.**

1.Do you feel sustained and excessive worry about some events or activities and find it difficult to control the worry?

2. Tell me about the duration (≥ 6 months ?)
3. Tell me about the associated symptoms (e.g. irritability, sleep disturbance , difficulty concentrating or mind going blank , restlessness , muscle tension , pounding or accelerated heart , chest pain sensation of shortness of breath or smothering, feeling of choking , nausea , abdominal distress, feeling dizzy, unsteady , trembling , chills or sweating

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4. Do you experience discrete periods of intense discomfort or fear of dying, losing control or going crazy? If yes: tell me about;

A. Frequency.
B. Any persistent concern about having additional attacks.
C. Any worry about the implications of the attack or its consequences.
D. Consequences on your life?

Q . 11 Mr. Majed is a 24-year-old man seen at outpatient clinic with thee-year history of fear of certain situations. Show me how you would assess whether he has phobia.

First, greet the patient by name and introduce yourself. Put him at ease; arrange for a private comfortable setting, and appropriately tell the purpose of the interview**.**

1. Do you experience fear of being in places in which help may not be available in the event of having panic-like symptoms or from which escape might be embarrassing (or difficult) e.g. being in a crowd ; or standing in a line; being on a bridge.
2. Do you experience fear of performance situations in which you are exposed to possible scrutiny by others or to unfamiliar people.
3. Do you feel marked unreasonable fear, triggered by the presence or anticipation of a specific object or situation (e.g., heights, flying, receiving an injection, seeing blood, animals,).
4. Does the avoidance, or distress in the feared situation(s), interfere significantly with your normal routine activities, relationships, or achievement.