

## Class 7

1. The patient starts to develop impaired social competence and starts to lose the capacity to experience pleasure. This can indicate prodromal phase of which disease?

a. Schizophrenia

2. Positive symptoms and late onset of schizophrenia increases risk of:

a. Suicide

3. Disease that presents with at least one full manic event is:

a. Bipolar 1

4. Disease that starts as major depression, but later patient has episode of hypomania has which one of these conditions?

a. Bipolar 2

5. Which drugs can trigger bipolar episodes?

a. Amphetamine, cocaine, **alcohol**, TCA

6. Patient for last four month had lost interest in daily activities, had depressed mood, sleepiness, lack of appetite, suddenly felt upbeat, more energetic.  
What is the issue in this patient?

a. Bipolar 2

7. Patient presents with depressed mood for more than three years. What is the condition?

a. Persistent depressive disorder

8. Depressed mood that is present during most menstrual cycles is called?

a. Premenstrual dysphoric disorder

9. Which one of the following should be considered in differential diagnosis of depressed mood?

a. B12 def, Folate def, hypothyroidism

10. Which condition presents as main complaint being morbid fair of obesity?

a. Anorexia nervosa

11. Overweight female who goes on binge eating episodes followed by induced vomiting, use of laxatives, diuretics.

a. Bulimia nervosa

12. Bulimic patients due to frequent vomiting can develop which one of the following deficiencies?

a. Hypokalemia

13. Child presents with hostility, especially against authority figures.

a. ODD

14. Obsessions in OCD are:

a. Thoughts, urges, images

15. The patient's face appears immobile, no eye contact, lack of expressiveness, speaks little, lack of interest in relationships, incoherent speech

a. Schizophrenia

16. Elevated mood, Inflated self-esteem, or grandiosity, decreased need for sleep, greater talkativeness than usual, flight of ideas or racing of thoughts, distractibility

a. Manic episode of Bipolar 1

17. Depressed mood most of the day, markedly diminished interest, or pleasure in all or almost all activities for most of the day, significant weight gain, insomnia or hypersomnia, fatigue or loss of energy, feeling of worthlessness, inappropriate guilt

### Major depression

18. Restriction to food intake, significant weight loss, fear of excessive weight gain, body image disturbance, denial of serious illness

### a. Anorexia nervosa

19. Feel that they are being abandoned or neglected, change their view abruptly and dramatically, **black and white thinking**. difficulty to

control anger, after anger outburst feel guilty and ashamed, sudden change of self-image

A. Borderline personality disorder

20. Discomfort if they are not center of attention, interaction with others that is inappropriately sexually seductive or provocative, rapidly shifting emotions, shallow emotions, speech that is extremely expressionistic and vague, self-dramatization, theatricality, extravagant expression of emotions

Histrionic personality d

21. Preoccupation with details, rules, schedules, organizations, list, a striving to do something perfectly that interferes with completion of the task, excessive devotion to work and productivity, reluctance to delegate or work with others

A. OCPD

22. Patient has no interest in any interpersonal relationships, person likes solitary activities, indifference to praises or criticism

a. Schizoid personality disorder

23. Patient has problems with close relationships, has specific meaning for everyday occurrences, magical thinking,

a. Schizotypal personality disorder

24. An adult patient who has been constantly arrested for theft, for fighting, cheating, lying. Blaming victims that they are so weak that they deserve this.

a. Antisocial personality disorder



25. A patient has massive distrust in people and without any evidence thinks that everyone is out to get them. What is the disorder?

a. Paranoid personality disorder

26. The patient has problems and difficulties with regular daily decisions.

a. Dependent personality disorder

27. Patient with binge eating disorder would present as:

a. Lack of control

28. Avoidance of food, or child refuses to eat, or has no interest in eating.

a. Avoidant restrictive food intake disorder

29. A 20-year-old male patient presents with complaints of skin lesions. On observation there are visible clusters of pink, dome-shaped, smooth, waxy, pearly and umbilicated papules, 2 to 5 mm in diameter, which occur on the face, trunk, and extremities and on the pubis, penis. Lesions are not pruritic or painful.

Molluscum contagiosum

30. Which is the most likely cause of this condition

Poxvirus

31. A 35-year-old male patient presents with history of fever, malaise, fatigue, sore throat, arthralgias, generalized lymphadenopathy, and headache with stiff neck. Patient has positive RT-PCR test.

Acute retroviral syndrome, HIV infection

32. A 24-year-old female presents copious, yellow-green, frothy vaginal discharge with a fishy odor, and soreness of the vulva and perineum, dyspareunia, and dysuria. On examination the vaginal walls and surface of the cervix have punctate, red “strawberry” spots.

Trichomoniasis

33. A 24-year-old male presents with a urethral frothy discharge, dysuria and frequency, early in the morning.

Trichomoniasis (caused by protozoa *trichomonas vaginalis*)

34. How is this condition diagnosed?

In women, diagnose by microscopic examination of vaginal secretions, dipstick tests, or NAATs.

In symptomatic men, diagnose by culture of urine, urethral swab, or possibly NAATs.

**35. What is the treatment of this patient?**

Metronidazole

**36. A 10-year-old boy is brought to you with complaints of severe itching that is getting worse at night.**

Erythematous papules initially appeared in finger web spaces, flexor surfaces of the wrist and elbow, axillary folds, along the belt line, and on the lower buttocks.

There is observable burrows, on the wrists, hands, and feet, presenting as fine, wavy, and slightly scaly lines several millimeters to 1 cm long. A tiny dark papule visible at one end.

Scabies (caused by mites)

**37. What is the most likely treatment in this patient?**

Topical permethrin or oral ivermectin

38. A 24-year-old male presents with complaints of pruritus. Physical examination shows excoriations and regional lymphadenopathy and pale, bluish gray skin macules on the trunk, buttocks, and thighs.

Pediculosis pubis (caused by lice)

39. A 24-year-old female presents with complaint of dysuria and vaginal discharge. During pelvic examination, clinicians may note a mucopurulent or purulent cervical discharge, and the cervical os may be red and bleed easily when touched with the speculum. Urethritis may occur concurrently; pus may be expressed from the urethra when the symphysis pubis is pressed or from Skene ducts or Bartholin glands. Rarely, infections in sexually abused prepubertal girls cause dysuria, purulent vaginal discharge, and vulvar irritation, erythema, and edema.

Gonorrhea

40. A 60-year-old overweight female presents with complaints of Vaginal discharge for last several weeks. For few days patient also has noticed blood resembling menstrual blood.

Endometrial cancer

41. What is the best test to diagnose this condition

Endometrial biopsy

42. A routine PAP smear test that shows endometrial cells in postmenopausal women would suggest:

Endometrial cancer

43. A 35-year-old female presents with unexplained infertility, amenorrhea, irregular bleeding, estrogen deficiency (osteoporosis, depression, increased cardiovascular risk, decreased libido, atrophic vaginitis) FSH – high, estradiol (Low)

Primary ovarian insufficiency (premature menopause)

44. A 40-year-old female patient presents with dyspnea, bloating, early satiety, gas, abdominal pains, anemia, ascites. Patient history shows early menarche and nulliparity. Which of the following is the cause of patient's symptoms?

Ovarian cancer

45. What tumor markers could be elevated in this patient?

CA-125, beta-hCG, alpha-fetoprotein

46. A 35-year-old female patient presents to your office with mild obesity, irregular menses or amenorrhea, androgen excess (Hirsutism)  
Hirsutism – male pattern facial hair, changes in armpit hair, chest hair  
Fatigue, low energy, sleep problems, mood swings, depression, anxiety, headaches, fertility issues

Polycystic ovary syndrome

47. Female patient presents with complaints of irritability, anxiety, emotional liability, depression, edema, breast pain, headache, that occur during 7 to 10 days before and ending few days after the onset of menses

PMS (Premenstrual syndrome)

48. A 40-year-old female presents with midline pain before and during menstruation (dysmenorrhea) and during sexual intercourse (Dyspareunia). During menstruation time the patient also has increased urinary frequency, urgency dysuria, urine incontinence, pain during defecation, abdominal bloating, and rectal bleeding. Which of the following is the most likely cause?

Endometriosis



49. What is the best diagnostic test in this patient?

Pelvic laparoscopy with biopsy

50. A male patient presents with complains of urinary frequency, urgency, nocturia, hesitancy, Intermittency, decreased size and force of the urinary stream, terminal dribbling. What is the most likely cause?

Enlarged prostate or BPH

51. A 25 year old male patient presents with complains of fever, chills, malaise, myalgia, abdominal pain, perineal pain, urinary frequency, urgency, incomplete bladder emptying, need to void again shortly after voiding, Painful ejaculation is present. prostate examination shows enlarged, tender, spongy prostate

Prostatitis

52. A male patient presents with fever, myalgia, malaise, headache, nausea and severe scrotal pain, that radiates to the abdomen. Examination reveals swelling, marked tenderness, and erythema over posterior area of the scrotum. What is the most likely diagnosis?

Epididymitis

53. A 24-year-old male patient complains of rapid onset of severe scrotal pain, fever, urinary frequency, nausea and vomiting. Examination reveals noticeable scrotal swelling and cremasteric reflex is absent on the left affected side.

Testicular torsion

54. A 12-year-old child has come to your clinic with his parents. Parents state that child is coming more and more disruptive at home. Parents state that child has frequent outbursts of anger, is not open to any routine changes and is quite easy irritable. Child also argues with his brother and sister about non important or consequential things. Child is interfering with other people activities but is not violent. He is not cooperating with his parents and is not following simple requests like come to eat or stop playing outside. He plays a lot of video games and is not willing to stop when asked. He does not destroy property or things. He has a cat that he takes care of. There are no complaints from teachers at the school. On examination BP 115/75, HR 70, RR 14, T 97.6. Physical examination findings are without abnormalities. Which is the most likely explanation for child's behavior.

- a. Conduct disorder
- b. Major depression
- c. Normal adolescent behavior
- d. Oppositional defiant behavior
- e. Attention deficit hyperactivity disorder

55. A 30-year-old female presents with complain of headache that has been present four two weeks. The patient states that this is first time she has head headache. The headache started as a mild pain in right temple area and progressively has increased in frequency of episodes and strength. Pain level is 7/10 and occurs about 5 times per week. The headache is throbbing, pulsating in character and lasts for several hours. During headache light and sounds increased the pain. The patient prefers to be in the dark room. Patient denies history of head trauma, epistaxis, PMS symptoms, fever, chills, numbness, or double vision. She is not smoking, using drugs, or drinking alcohol. On examination BP 130/85, HR 78, RR 14, T 97.6. with normal HEENT and other parts of examination. Which one of these is most likely possible cause of patient's headache?

- a. Tension headache
- b. Encephalitis headache
- c. Meningitis headache
- d. Migraine headache
- e. Cluster headache

56. A 70-year-old female presents with chief complaint of mid back pain that started two days ago after working in the garden and lifting heavy plant pots up and down. Patient states that she has been doing this type of activity for many years without any problems. Patient describes pain as sharp constant 4/10 pain that is in the mid back radiates to the chest and abdomen. The patient tried to use pain medications that did not reduce pain. Patient also states that pain makes breathing more difficult. Patient denies any headache, fever, shortness of breath, heartburn. Patient has a history of well controlled Rheumatoid arthritis with morning stiffness in hands that improves after moving. The patient also has slight urinary incontinence with urination during coughing, sneezing or laughing. Patient denies any sleep problems, palpitations, dizziness, chest pain, numbness, tingling or loss of sensation. She has also history of well controlled high blood pressure. Patient is taking steroids for RA and HCTZ for blood pressure. On examination BP 130/80, HR 78, RR 23, T 98.4. On auscultation there are no heart murmurs, there is normal breathing over lung fields with no adventitious sounds. On palpation and percussion there is pain over T8, T9 vertebra. AROM of thoracic spine is limited by pain. Pain increases on chest compression and deep breathing. Which one of these is most likely cause of patient pain?

- a. RA flare up due to decreased medication effectiveness
- b. Vertebral compression fracture due to osteoporosis
- c. Atypical angina pectoris
- d. Herniated thoracic disc disease
- e. Osteoarthritis of thoracic facet joints

57. A 75-year-old patient is brought to you by patient's son. Son states that patient has changed over few months by not taking care of himself, not meeting with his friends anymore. Patient always was happy and cheerful and now most of the times are down and has no interest in his family or friends. Patient is asking the same questions over and over again, is forgetting information and is losing stuff, like house keys. Patient has normal sleep and appetite. Patient denies any tingling, numbness, chest pain, headache, problems with coordination or balance. Patient has high cholesterol and blood pressure that are controlled by medication. On examination BP 120/80, HR 76, RR 14, T 97.6. On mental examination patient is alert but does not know what day or month it is. Registration of objects is 5 of 5. Recall after 5 minutes is 3 out of 5. Patient is unable to spell words backward. The MMSE score is 16 out of 30. MRI shows hippocampus and parietal lobe atrophy. What is the most likely diagnosis?

- a. Vascular dementia
- b. Alzheimer's dementia
- c. Major depression
- d. Mild cognitive impairment
- e. ALS

58. Patient with chronic lymphocytic leukemia will have which one of these symptoms?

- a. Painless lymph node enlargement, fever, fatigue, abdominal fullness, bone pain
- b. Weight loss, jaundice, diarrhea, abdominal and back pain, clay colored stool
- c. Frequent voiding, bleeding, fatigue, weight loss
- d. Thyroid enlargement, painful and swollen lymph nodes, dysphagia, sensitivity to cold and heat

59. Genital herpes in male is characterized by:

- a. Green discharge from penis
- b. Bright red patches that are itchy
- c. Oozing blisters that form a scab
- d. A red circular rash with normal skin in the middle

60. Which tests are best to confirm diagnosis of HPV infection?

- a. PAP smear, colposcopy, DNA test
- b. PAP smear, colposcopy
- c. PAP smear, colposcopy, HPV antibody test
- d. PAP smear, colposcopy, HPV antibody test, DNA test

61. What are the symptoms of trichomoniasis?

- a. Yellow green, frothy foul smelling vaginal discharge, sore vulva, dyspareunia, dysuria
- b. Joint pain, anogenital warts and rash, inflamed tendons, sore throat, dysuria
- c. Genital warts, enlarged inguinal lymph nodes, fever, malaise
- d. Canker on genitals, firm inguinal lymph nodes, fever, night sweats, skin rash

62. What is the treatment of chlamydia?

- a. Antibiotics (Azithromycin)
- b. Antiparasitic (Eurax)
- c. Antiviral (Zovirax)
- d. Analgesics (Percoset)

63. The most common HPV presentation is:

- a. Endometriosis
- b. Polyps
- c. Vaginal discharge
- d. Warts
- e. Cancer

64. Male patient is diagnosed with AIDS. What are the most likely symptoms in this patient?
- a. Pain that moves from joint to joint, fatigue, sore throat, exhaustion
  - b. Fever, fatigue, joint pain, petechia, sore throat
  - c. Fever, fatigue, oral candidiasis, diarrhea, enlarged lymph nodes
  - d. Fever, weight loss, mouth sores, thin skin
65. Which one of these is the best test to confirm Chlamydial infection?
- a. MRI
  - b. X-ray
  - c. CT scan
  - d. Complete blood work
  - e. Culture
66. Which of the following STD is caused by parasite?
- a. Syphilis
  - b. Gonorrhea
  - c. Chlamydia
  - d. Warts
  - e. Trichomoniasis
67. Which one of these can be used in the treatment of trichomoniasis?
- a. Penicillin
  - b. Erythromycin
  - c. Metronidazole
  - d. Acyclovir
  - e. Doxycycline
68. Which diagnostic tests confirm diagnosis of HIV?
- a. CBC and MRI
  - b. ELISA and Western blot
  - c. CBC, ESR and C-reactive protein
  - d. Ultrasound and culture
  - e. Culture and PAP smear



69. Diagnosis of genital herpes is made by:

- a. CBC and MRI
- b. Cell culture
- c. ALT, AST, ESR
- d. CBC, ALT, ESR
- e. CBC, Urea, creatinine

70. Which one of these are most likely symptoms of osteoarthritis?

- a. Swollen, tender and warm joints with sudden onset
- b. Joint pain worse with use and better with rest, joint stiffness, restricted ROM
- c. Symmetric joint swelling and stiffness that is worse in the morning in PIP and MCP joints
- d. Asymmetric joints pain in DIP joints of hands and feet.