



**AMREF INTERNATIONAL UNIVERSITY
SCHOOL OF MEDICAL SCIENCES
DEPARTMENT OF NURSING & MIDWIFERY SCIENCES
END OF SEMESTER SEPTEMBER - DECEMBER 2024 EXAMINATIONS
ADVANCED DIPLOMA IN APPLIED MENTAL HEALTH PRACTICE**

COURSE CODE AND TITLE: ADMH101- Psychopathology, Psychopharmacology, and Practicum

DATE: Thursday, 5th December 2024

DURATION: 2 HOURS Start: 4:00 PM Finish: 6:00 PM

INSTRUCTIONS

1. This exam is out of 60 marks
2. This Examination comprises TWO Sections. Section I: Multiple Choice Questions (20 marks) Section II: Long answer Questions (40 marks)
3. Answer ALL Questions.
4. Do NOT write anything on the question paper -use the back of your booklet for rough work if need be.

SECTION I: MULTIPLE CHOICE QUESTIONS (20 MARKS)

1. You are preparing a presentation on the neurobiological aspects of schizophrenia for a national psychiatry conference. _____ should be prioritized to maintain audience engagement and enhance retention of complex information.
 - A. Use of text-heavy slides to convey detailed information
 - B. Incorporating real-time data animations to illustrate changes in brain structure
 - C. Emphasizing one key message per slide with supporting graphics
 - D. Using bright, contrasting colors throughout the presentation
2. The following _ should be avoided in a PowerPoint presentation;-
 - A. Using images
 - B. Including videos
 - C. Using too much text
 - D. Using bullet points
3. A 32-year-old patient presents with fluctuating mood disturbances, irritability, and intermittent depressive episodes. During the interview, the patient minimizes symptoms and becomes defensive when asked about substance use. The approach to explore sensitive areas such as substance use while maintaining rapport is;-
 - A. Directly confronting the patient with inconsistencies in their account
 - B. Reassuring the patient that all information is confidential and non-judgmental
 - C. Skipping sensitive topics in the first session and returning to them later
 - D. Using a structured questionnaire to elicit accurate responses
4. _____ is NOT part of history taking in Psychiatry
 - A. Presenting complaints
 - B. Personal history
 - C. Physical examination
 - D. Family history
5. _____ is the purpose of assessing insight in mental status examination.
 - A. To understand the patient's memory
 - B. To evaluate how well the patient understands their condition
 - C. To gauge the mood and affect
 - D. To measure cognitive abilities
6. . _____ is assessed during the MSE under "thought process"
 - A. Hallucinations
 - B. Flight of ideas
 - C. Mood
 - D. Orientation
7. _____ is the cognitive tasks which is NOT an assessment of short-term or long-term memory.
 - A. Ask the patient to name the current President.
 - B. Ask the patient to name as many animals as possible that can be found in Kenya.
 - C. Ask the patient to tell you his or her address and later, you check the answer with the patient's medical record.
 - D. Inform the patient 3 objects (e.g., Apple, Newspaper, and Train) and ask the patient to name the 3 objects immediately.

8. _____ is a key aspect to inquire about during psychiatric history taking
- A. Social and occupational functioning
 - B. Lung function tests
 - C. Dietary habits
 - D. Physical strength
9. A 30-year-old woman mentions that she saw the face of 'Monkey' on the tree trunk of a particular tree near her apartment. She can see the face of 'Monkey' every time she walks past that tree but not on the other trees especially when it's dark. This phenomenon is known as:
- A. Delusional misidentification
 - B. Delusion of reference
 - C. Illusion
 - D. Visual hallucination.
10. A 45-year-old woman is brought to the emergency department by her family, who report recent paranoid delusions and auditory hallucinations. She insists that the television is sending her messages. _____ is an aspect of the MSE is most critical to assess in this scenario.
- A. Thought content
 - B. Perception
 - C. Insight and judgment
 - D. Cognitive function
11. _____ is NOT a symptom of major depressive disorder.
- A. Insomnia
 - B. Grandiosity
 - C. Fatigue
 - D. Loss of interest
12. A 34-year-old woman presents with symptoms of irritability, inflated self-esteem, decreased need for sleep, and grandiosity. She denies any depressive episodes in the past. The feature(s) which distinguishes a manic episode from hypomania is/are:
- A. Increased energy and activity levels
 - B. Duration of symptoms lasting at least one week
 - C. Psychotic features or hospitalization due to symptom severity
 - D. Impulsivity and risky behavior
13. A 40-year-old man with no previous psychiatric history reports recurring episodes of intense fear, palpitations, sweating, and a sense of impending doom, which lasts for about 20 minutes. He is convinced he is having a heart attack. He has done several tests and all have turned normal. State the most likely diagnosis.
- A. Generalized Anxiety Disorder
 - B. Panic Disorder
 - C. Acute Stress Disorder
 - D. Specific Phobia

14. A 23-year-old college student presents with disorganized speech, bizarre behavior, and auditory hallucinations. Symptoms have persisted for over six months. The most appropriate initial treatment is:
- A. Cognitive-behavioral therapy
 - B. First-generation antipsychotic
 - C. Second-generation antipsychotic
 - D. Electroconvulsive therapy
15. A patient with PTSD reports frequent episodes of feeling detached from their body and environment during flashbacks. This is an example of:
- A. Derealization
 - B. Depersonalization
 - C. Psychotic symptoms
 - D. Hyperarousal
16. A 9-year-old boy presents with difficulty staying focused, impulsivity, and fidgeting in class. His symptoms occur in both school and home settings. The most likely diagnosis is:
- A. Conduct Disorder
 - B. Autism Spectrum Disorder
 - C. Attention-Deficit/Hyperactivity Disorder (ADHD)
 - D. Generalized Anxiety Disorder
17. A patient with a history of heroin use presents to the clinic seeking help for withdrawal symptoms. The medication which would be most appropriate to manage his opioid withdrawal is:
- A. Methadone
 - B. Naltrexone
 - C. Disulfiram
 - D. Buprenorphine
18. State the medication which has been paired correctly with its side effect;
- A. Olanzapine – Weight loss
 - B. Mirtazapine – Nightmares
 - C. Clopixol depot – Thyroid disease
 - D. Lithium - Extrapyramidal side effects
19. A 72-year-old woman becomes acutely confused and agitated three days after undergoing hip surgery. The most likely cause of her symptoms is:
- A. Dementia
 - B. Delirium
 - C. Major depressive disorder
 - D. Acute psychosis
20. An example of antipsychotic drugs often classified as a second-generation (atypical) antipsychotic is:
- A. Haloperidol
 - B. Chlorpromazine
 - C. Clozapine
 - D. Phenelzine

SECTION II: LONG ANSWER QUESTIONS (40 MARKS)

21. . A 29-year-old man with a history of bipolar disorder presents to the emergency department with symptoms of euphoria, decreased need for sleep, racing thoughts, and impulsive spending. His family reports that these symptoms started a week ago and are similar to a past manic episode.
- Describe the DSM V(5) criteria for diagnosing bipolar disorder. (8 MARKS)
 - Contrast two (2) symptoms of a manic episode and a hypomanic episode. (4 MARKS)
 - Name two (2) common mood stabilizers used to treat bipolar disorder and 2 side effects of each medication. (6 MARKS)
 - Explain one (1) potential risks that are associated with the use of antidepressants in bipolar disorder (2 MARKS)
22. A 40-year-old man seeks help after experiencing frequent nightmares, flashbacks, and hypervigilance for the past 9 months. These symptoms began shortly after he survived a severe car accident. He avoids driving and avoids talking about the event because it triggers distressing memories.
- State the most likely diagnosis (2 MARKS)
 - Differentiate between Acute Stress Disorder and Post Traumatic Stress Disorder (6 MARKS)
 - Name two (2) psychotherapeutic approaches that are commonly used to treat PTSD. (2 MARKS)
 - Name two (2) preferred medications for PTSD/ASD and explain 2 reasons why these medications are preferred. (4 MARKS)
 - Describe the DSM-5 criteria for the other 2 Trauma-related disorders. (6 MARKS)