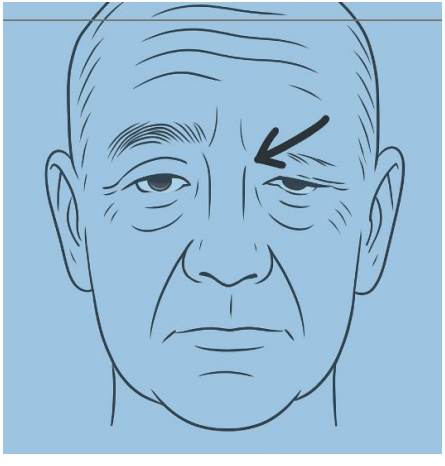
Managing Mind & airway

Psychiatry and Anesthesia



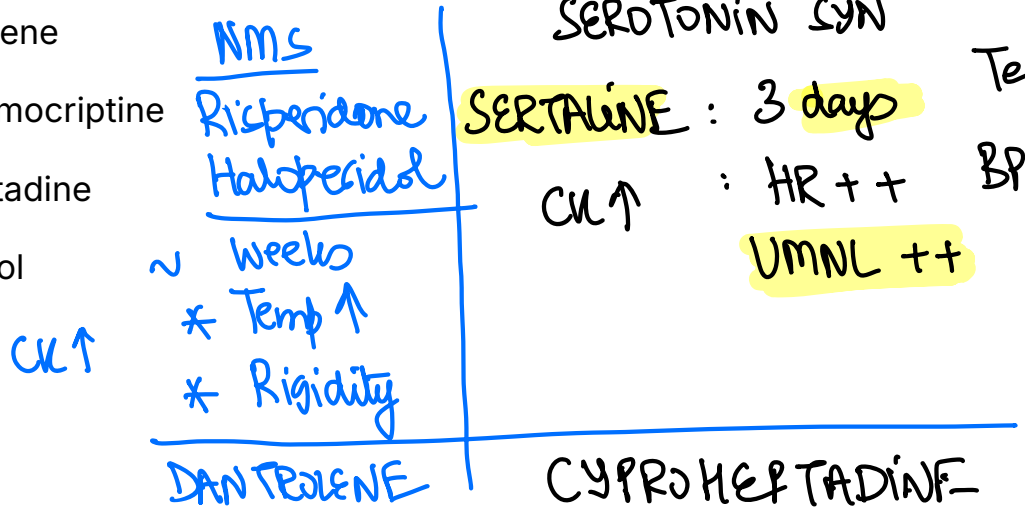
1. A 32-year-old man with major depressive disorder was recently started on sertraline. Three days later, he presents to the emergency department with high-grade fever (40.2°C), agitation, confusion, sweating, and generalized muscle rigidity. His pulse is 128/min and BP is 160/100 mmHg. On examination, he has inducible clonus at the ankle and hyperreflexia in the lower limbs. Creatine kinase levels are mildly elevated. Which of the following is the most appropriate immediate management?

a. Start IV dantrolene

b. Administer bromocriptine

c. Give cyproheptadine

d. Start haloperidol



Feature	Serotonin syndrome	NMS
Onset	Rapid (hours – days)	Gradual (days – weeks)
Reflexes	Hyperreflexia + Clonus	Lead –pipe rigidity, hyporeflexia
Cause	SSRI/SNRI/MAOI	Antipsychotics
Treatment	Cyproheptadine	Dantrolene/ Bromocriptine

Tactile ↓

2. Haptic hallucination are seen in all of the following except?

a. Delirium tremens → FORMICATION

b. Amphetamine abuse +

c. Cocaine abuse +++

(d.) Temporal lobe epilepsy

Complex Hallucination
↳ Smell, Taste, hearing

Causes of Haptic hallucinations

C	Cocaine
A	amphetamine
D	DT

Visual hallucinations

Unformed ✓	FLASHES of light, buzzing sound
Formed ✓	SEEING PEOPLE
Extracampine AH	⊕ OUTSIDE SENSORY field SOUND COMING FROM MOON
Autoscopic VH	Seeing BODY DOUBLE

3. A 45-year-old alcoholic presents with tremors, extreme agitation, insomnia and vomiting. Currently he is unconscious in the ER. USG abdomen shows shrunken liver with evidence of portal hypertension. Labs show RBS 75 mg/dl, Na = 130 meq/L with potassium 5 meq/L. What is correct management of this patient?

a. Lorazepam

b. Lorazepam and octreotide

c. Lorazepam and Thiamine

d. Lorazepam and 25% dextrose

Unconscious alcoholic

1. HE
2. DT
3. WE
4. Hypoglycemia

↑ worsening of WE

Alcohol withdrawal management = Benzodiazepines. But in liver disease (cirrhosis), use lorazepam, oxazepam, temazepam (LOT) because they are metabolized by conjugation, not liver oxidation

Phase I oxidation using cytochrome P450 system

D	
C	
M	

4. Correct about leading cause of intellectual disability in a boy who was found to have self-mutilation features is?

a. Xq27.3

b. Xp26–Xp22

c. 13 trisomy

d. 21 trisomy

LESCH NYHAN Syn

* lip biting → bleeding + Nail "
* URIC ACID ↑
* XLR
* HGPRT activity ↓

Most common form of mental retardation

- Down syndrome (Trisomy 21): most common chromosomal cause.
- Fragile X syndrome (FMR1) :most common inherited cause.
- Fetal alcohol syndrome : most common environmental /teratogenic cause.

5. You are posted at deaddiction clinic. Young teenager addicted to smack says that it helps him ejaculate spontaneously. You find him having excessive yawning with mydriasis and piloerection. Pulse is 110/min, BP 130/100 mm Hg and tremors are noted. Which drug will be used for de-addiction/ detoxification initially?

a. Naloxone → acute opioid intoxication

b. Naltrexone

c. Methadone (initial)

d. Acamprosate : alcohol deaddiction

Naloxone :pure opioid antagonist, short -acting →used in acute opioid overdose, not in withdrawal/ deaddiction.

Naltrexone :long -acting opioid antagonist →used for relapse prevention (after detoxification in motivated patients)

Methadone :long-acting opioid agonist → used for maintenance therapy / deaddiction by substitution.

Acamprosate: used in alcohol dependence, not opioid

6. A 25-year-old male with a history of disorganized behaviour presents to the psychiatry OPD. He reports that he frequently "hears voices" which comment about his actions to each other and are plotting to harm him. Which of the following is correct about him?

a. Third person hallucination

b. Second person hallucinations

c. Complex hallucinations

d. Extracampine hallucinations

direct Reference

FIRST PERSON H

THOUGHT Broad casting

- **Second -person hallucination** →Voices directly addressing the patient (“You are worthless”, “You must die”)
- **Third -person hallucination** → Voices talking about the patient or giving a running commentary (“He is going to die”. “They are plotting against him”)
- **Complex hallucination** → Involves multiple sensory modalities (visual + auditory tactile, etc)
- **Extracampine hallucination** → Perception of a stimulus outside the sensory field (e.g. feeling touched by someone not present or seeing figures outside the visual field.)
- **Third -person hallucinations** are one of Schneider’s First -Rank Symptoms (FRS) of schizophrenia

7. A 60-year-old male alcoholic patient in the ICU after prostate surgery is noted to be restless at night, and repeatedly tries to pull out his IV lines making nursing staff call you. During the day, he was calm but you notice he is severely confused about the date and time. Vitals Pulse: 84/min, BP: 110/70 mmHg, RR: 16/min. Which is the most likely diagnosis?

a. Acute Psychotic episode

b. Delirium tremens

Sym+++: MYDRIASIS

c. Delirium

d. Acute stress reaction

Delirium :acute onset fluctuating sensorium, impaired orientation, visual illusion/ hallucinations restlessness, pulling IV lines. Stable vitals support postoperative ICU delirium, not DT

Delirium tremens : requires alcohol withdrawal (48-72 hrs. after last drink) + autonomic hyperactivity (tachycardia, HTN, fever , sweating, tremors, seizures). Absent here

Acute psychosis :Hallucinations / delusions, but consciousness and orientation are preserved

Acute stress reaction: develops after trauma; disorientation and hallucinations are not typical

8. Nomophobia?

a. Fear of being out of mobile phone contact

b. Fear of being in places or situations where escape is difficult

c. Fear of closed spaces

d. Fear of heights

9. Run amok is seen with abuse of which of the following?

a. Smack

b. Marijuana

c. Cocaine

d. Ecstasy

10. What is “Dhaat syndrome”

a. Preoccupation with sexual acts with animals

b. Preoccupation with semen loss in urine and nocturnal emission

c. Preoccupation with indigestion and poor GI health

d. Preoccupation with wild sexual fantasies

Couvade syndrome	Symptoms of pregnancy like swelling of feet and abdomen, spasms in abdomen and vomiting in expectant father It is not a delusion but psychosomatic response
Ekbom syndrome	Delusional parasitosis and restless legs
Kline Levine syndrome *	Adolescent male with episodic hypersomnia, hypersexuality and hyperphagia
Kluver bucy syndrome amygdale ablation	– Hyperphagia – Hypersexuality and rage – Hyperorality – Hypermetamorphosis – tendency to shift attention frequently – Visual agnosia- inability to recognize familiar faces

CONCUSSION

11. Most common sequelae of traumatic brain injury is?

TBI

a. PTSD

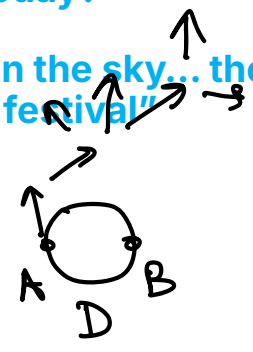
b. Depression

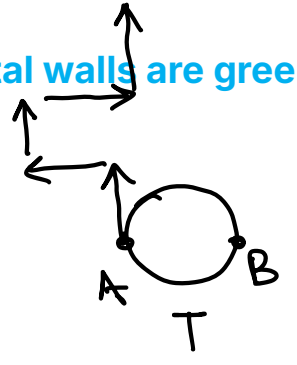
c. Anxiety

d. Mood disorder

12. Observe the talk being doctor and patient and comment on the possible disorder
Doctor: "How is your health today?"

Patient: "I am fine… birds fly in the sky… the hospital walls are green… I like mathematics… tomorrow is a festival"

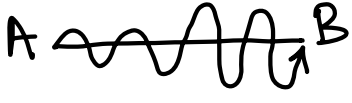




~~a.~~ Flight of ideas

b. Derailment

c. Tangentiality

~~d.~~ Circumstantiality → 

MANIA:

Weather is wet—wet means more crops—more food means India grows happy- happy children of India

I was not well. Had headache so wife told to go to hospital. Took taxi and finally here. I had severe fever

Why were you admitted to hospital? (patient was admitted with fever in dengue season)

Derailment ***Sudden shift of ideas with no logical connection***	**I came due to high fever ---- cars move fast—my cousin lives in Mumbai--- nurse is judging me!** **-Examiner will be fatigued**
Flight of ideas **Talks very fast and links present are NOT related to topic**	**Weather is wet—wet means more crops—more food means India grows happy- happy children of India**
Tangentiality ***examiner can follow trail and ideas are linked***	**I came to hospital due to fever- taxi was booked- taxi driver cancelled- taxi fare is more- I got angry at taxi driver- driver took wrong u turn**
Circumstantiality **(able to get to the main topic after providing unnecessary details)**	**I was not well. Had headache so wife told to go to hospital. Took taxi and finally here. I had severe fever**

13. A 32-year-old man with chronic schizophrenia insists that his neighbours, colleagues, and even the hospital staff are actually one single person who disguises themselves in different appearances to harass him. This phenomenon is best described as?

a. Capgras syndrome

b. Fregoli syndrome

c. Cotard syndrome

d. Othello syndrome

✓

Fregoli

Falsely identifies strangers as familiar person giving him a goli

S → F =

Cotard : “I am dead/ my organs are gone

Capgras: “My relative is an impostor”

Fregoli : “Different people are actually one person in disguise

Othello: “ My partner is unfaithful

14. A 75-year-old man with is asked during a mental status examination to name different animals. He responds: "dog... dog... dog... dog" despite repeated prompting to provide new answers. This phenomenon is known as:

a. Echolalia

b. Perseveration

c. Verbigeration

d. Echopraxia

Preservation: Pathological persistent repletion of a word, phrase or motor act. Seen in schizophrenia, dementia, frontal lobe lesions

Example

What is your name : Ravi

What is address: Ravi

What did u eat for food: Ravi

Brain stuck on previous answer.

Echolalia : Repetition of examiner's words (echo)

Verbigeration: meaningless, senseless repetition of words/ phrases (common in catatonia). Says them even when no one is asking anything

15. Which of the following is leading cause of pseudo-dementia?

a. Vascular dementia

b. NPH → REVERSIBLE DEMENTIA

c. Alcoholism

d. Depression

approximate ANSWERS

DEMENTIA

1. AD
2. VD

16. A 70-year-old man presents with progressive memory loss, fluctuating attention, and recurrent vivid visual hallucinations of small animals in his room. On examination, he also shows features of parkinsonism. Which of the following is the most likely diagnosis?

a. Alzheimer's disease

b. Lewy Body Dementia

c. Frontotemporal dementia

d. Parkinson's disease dementia

✓

↳A AMNESIA, APRAXIA, ANOMIA AGNOSIA APHASIA

VH

DISINHIBTION, APATHY, incontinence + dementia

F F F T

17. Which of the following is correct about subcortical dementia?

a. Impaired recall and normal recognition

b. Normal recall and impaired recognition

c. Both impaired recall and recognition → Cortical Dementia

d. Normal recall and normal recognition with basal ganglia involvement

Causes

- Cortical: Alzheimer's FTD, Lewy body dementia
- Subcortical: Parkinson's Huntington's Wilson's PSP, HIV, vascular
- Cortical = 4 A's (Amnesia, Aphasia, Apraxia, Agnosia)
- Subcortical = 3 M's (motor slowing, Mood change, Memory retrieval issue)

Feature	Cortical	Subcortical
Memory	Early severe amnesia	Retrieval difficulty, slowed recall
Language	Aphasia, apraxia, agnosia common	Language preserved
Psychomotor	Normal till late	Slowed, bradykinesia
Mood	Irritability, apathy later	Depression, apathy early
Neuro signs	Rare early	Parkinsonism, gait disturbance

18. PANSS scale is used for?

(+)|(-) syndrome scale

a. Diagnosis of schizophrenia

b. Prognosis of schizophrenia

c. Severity of schizophrenia symptoms

d. Response to treatment in schizophrenia

19. Which of the following is not diagnostic criteria for schizophrenia?

a. Disorganized speech — CLANG – DERAILMENT –

b. Disorganized behavior

c. Disorganized appearance

d. Disorganized thought process — Hallucination

Schizophrenia

HRK in koi mil gaya !

1. Hallucinations (hears jadoo)
2. Delusions (belief in aliens on earth)
3. Disorganized speech – Derailment
4. Disorganized behavior like catatonia
5. Zero emotions (negative symptoms)

* DELUSION OF REFERENCE

20. A 30-year-old patient says that traffic lights going green is signal for him to start driving car fast and kill bad people. He also believes that he is reincarnation of god and is sent to rid earth of negativity. You find him using rhyming words like sad...bad....mad. His wife says one month ago he was fine and was an IT professional getting regular promotions. Diagnosis as per DSM criteria is?

a. Schizophrenia ← ICD-11

b. Schizophreniform disorder

c. Brief psychotic disorder < 1mth

d. Major depressive disorder

↓ Hallucinatio

21. Which is not a part of cardinal symptoms of schizophrenia described by Bleuer?

a. Ambivalence → I love my mother – I hate my mother (Mixed emotions)

b. Autism

c. Association disturbances CLANG, DERAILMENT

d. Auditory hallucinations

22. Best drug for management of negative symptoms of schizophrenia?

a. Risperidone oral

b. Haloperidol intramuscular

c. Clozapine oral

d. Fluphenazine subcutaneous

↓ dopamine

1. ALOGIA : paucity of speech
2. ANHEDONIA
3. AVOLITION

(+): ORAL RISPERIDONE

IM FLUPHENAZINE

23. Which substance abuse increases risk of schizophrenia?

a. Cannabis

b. Alcohol

c. Smoking

d. Amphetamines

24. Which of the following is not correct about neurotransmitter changes in schizophrenia?

a. Decreased dopamine

b. Decreased NMDA receptor activity

c. Decreased GABA activity

d. Decreased serotonin activity

Neurotransmitter Changes in Schizophrenia

Neurotransmitter	Changes in schizophrenia	Pathway/ effect	Clinical correlation
Dopamine	↑in mesolimbic pathway LIP	Hyperactivity of D2 receptor	Positive symptoms (hallucinations, delusions)
	↓in mesocortical pathway	Hypoactivity of D1 receptors in prefrontal cortex	Negative symptoms & cognitive deficits
Serotonin (5-HT)	Dysregulation ↑5-HT2A activity	Modulates dopamine release	Atypical antipsychotics block 5-HT2A: improve negative symptoms and EPS profile

Neurotransmitter Changes in Schizophrenia

Glutamate	↓NMDA receptor activity (hypofunction)	Cortical & hippocampal circuits	Explains cognitive dysfunction, negative symptoms, and why NMDA antagonists (PCP, ketamine) produce schizophrenia – like symptoms
GABA	↓GABA activity (↓GAD Enzyme, ↓parvalbumin interneurons)	Reduced inhibitory tone in cortex → disinhibition of dopamine & glutamate circuits	Contributes to cognitive impairment, thought disorder
Acetylcholine	Nicotinic receptor dysfunction	Abnormal sensory gating	Many SZ patients smoke heavily →self medication hypothesis

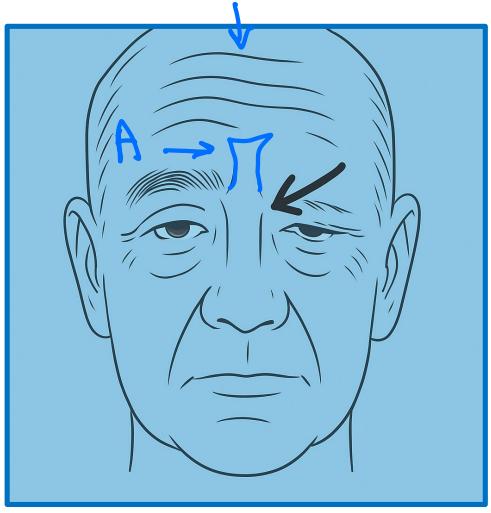
25. Comment on the image shown below?

a. Omega sign

b. Otto Veraguth sign

c. Russel sign

d. Gottron sign



	Excessive action of muscle of grief (corrugator cili) called Omega sign
	Triangular fold of skin in nasal corner of upper eyelid: otto Veraguth sign

26. Which is the correct antidote for amitriptyline toxicity → M. Acidosis

a. Soda bicarbonate

b. Calcium gluconate

c. Magnesium sulphate

d. Activated charcoal and pyridostigmine

27. A 27-year-old woman reports that she has been "feeling low" almost every day for the past 3 years. She says she has never felt truly happy in this period. She complains of poor concentration, fatigue, low self-esteem, and hopelessness but continues to work at her job. She denies suicidal ideation. Which of the following is the most likely diagnosis?

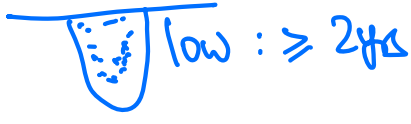
a. Major Depressive Disorder

b. Cyclothymic Disorder

c. Persistent Depressive Disorder

d. Adjustment-disorder with depressed mood

dysthymia



- STRESS REACTION -

28. A 32-year-old man complains of "feeling sad and hopeless" almost every day for the last 3 years. He says he has "never felt normal" in this period. He reports poor concentration, low energy, and low self-esteem. He continues working but feels he is "just dragging through life." Six months ago, he had a 3-week period when his symptoms worsened, and he fulfilled the criteria for Major Depressive Episode. Which is the most likely diagnosis?

SIGECAPS

a. Major Depressive Disorder, recurrent episode

b. Persistent Depressive Disorder

c. Adjustment-disorder with depressed mood

d. Double Depression

PDD + MDD
COMBO

B1 : DIGFAST : MANIA

B2 : HYPOMANIA + MDD

DD : PDD + MDD

Cyclothmia : Hybomanie + PDD

29. Beck’s cognitive triad in depression includes all EXCEPT:

a. Negative view about self

b. Negative view about the world

c. Negative view about the future

d. Negative view about the past

30. A 35-year-old woman presents with persistent sadness, anhedonia, poor sleep, and loss of appetite for the last 6 months. She reports that she has recurrent thoughts of ending her life and has even made a self-harm attempt in the past. She has been tried on SSRIs and cognitive-behavioral therapy for the last 8 weeks with minimal improvement. Currently, she refuses food, remains withdrawn, and expresses hopelessness. What is the most appropriate next step in management?

a. Switch to another SSRI

b. Add lithium as augmentation

c. Initiate tricyclic antidepressant

d. Electroconvulsive therapy

Depression MDD

* Self-HARM: +

DIGFAST

31. A 30-year-old corporate executive exhibits easy distractibility, indiscretion and grandiosity. His wife says he sleeps 2 hours per night and works on laptop all the time but his boss has complained of zero productivity. He is currently brought to ER by his wife in extreme agitation and violent state and is refusing to sleep. Which of the following is first line drug for this patient?

a. Lithium
b. Valproate

TAKES TIME

Acute Manic episode
c agitation

c. Lorazepam

d. Venlafaxine

32. Which of the following is called rapid cycler?

a. > 2 or more episodes of mania or depression in a given year

b. > 3 or more episodes of mania or depression in a given year

c. > 4 or more episodes of mania or depression in a given year

d. > 5 or more episodes of mania or depression in a given year

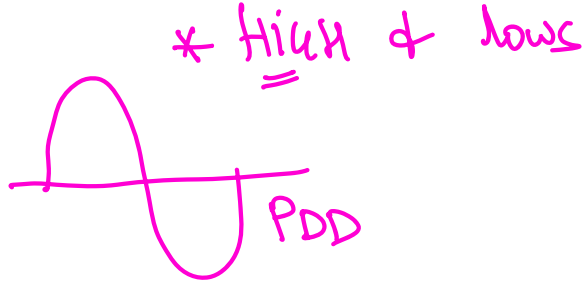
33. A 24-year-old woman is described by her friends as being "moody" and "temperamental." For the last 3 years, she has had periods of elevated energy, decreased need for sleep, and increased sociability, followed by weeks of feeling sad, fatigued, and withdrawn. However, she has never met full criteria for major depressive episode or hypomanic episode. Her work is not severely impaired, but she struggles to maintain stable relationships. Which of the following is the most likely diagnosis?

a. Bipolar I disorder

b. Bipolar II disorder

c. Cyclothymic disorder

d. Persistent depressive disorder



34. Phototherapy is used for management of which of the following?

a. Cyclothymia

b. Dysthymia

c. Seasonal affective disorder

d. Atypical depression

Phototherapy (Light Therapy)

- Uses bright light exposure (10000 lux) for 30-60 minutes daily.
- Corrects circadian rhythm disturbance and melatonin secretion abnormalities Indication
- Seasonal Affective Disorder (SAD) Type of depression occurring in winter months with low light exposure.
- Symptoms: hypersomnia, increased appetite (esp. carbs), weight gain, fatigue
- Responds dramatically to light therapy

35. Most common cause of suicide is

a. Depression

b. Schizophrenia

c. GAD

d. Postpartum blues

36. Best indicator of increased risk of suicide is

a. Gender female

b. Prior attempt

c. Comorbidity like cancer

d. Poor family support

37. A 25-year-old primigravida is having increased tearfulness, fatigue and depressed affected 2 days after delivery. Diagnosis is:

a. Postpartum blues

b. Postpartum depression

c. Postpartum psychosis

d. Based on response to Zuranolone

38. A 28-year-old woman, 4 weeks after delivery, presents with persistent sadness, loss of interest in activities, feelings of guilt, and difficulty bonding with her newborn. She reports poor sleep and appetite, excessive fatigue, and sometimes wishes "she could just disappear." She denies hallucinations or delusions. On examination, she is oriented but tearful. What is the most likely diagnosis?

SIGECAPS

a. Postpartum blues

b. Postpartum depression

c. Postpartum psychosis H/D

d. Adjustment-disorder with depressed mood

39. Which of the following is correct about mechanism of action of Zuranolone?

a. Enhances inhibitory neurotransmission by acting as positive allosteric modulator of GABA-A receptors

b. Enhances inhibitory neurotransmission by acting as negative allosteric modulator of GABA-A receptors

c. Reduces inhibitory neurotransmission by acting as positive allosteric modulator of GABA-A receptors

d. Reduces inhibitory neurotransmission by acting as negative allosteric modulator of GABA-A receptors

40. Which of the following drug classes is used in diabetic neuropathy to reduce pain perception?

Unmyelinated C

a. Duloxetine SNRI

b. Fluoxetine

c. Paroxetine

d. Escitalopram

Duloxetine increases serotonin & norepinephrine in synaptic clefts, **enhancing descending inhibition** that reduces pain perception

41. Trofinetide is approved for management of which of the following?

a. ADHD

b. Autism

c. Rett syndrome

d. Oppositional defiant disorder

- In Rett syndrome (MECP2 gene mutation), there is synaptic dysfunction and neuroinflammation → impaired synaptic plasticity and neuronal communication.
- Trofinetide is an oral synthetic analog of glypromate (Gly–Pro–Glu, or GPE), a tripeptide derived from IGF-1 (insulin-like growth factor-1) and acts to reduce neuroinflammation

42. A 1 year old girl child is brought with stereotyped movements like hand clapping and head wringing. Her pediatric notes reveal reduced head circumference increments. Interaction with parents is limited and child looks lost in own world. Diagnosis is?

a. Autism

b. Rett syndrome

c. ADHD

d. Asperger syndrome

43. A 10-year-old boy frequently gets into trouble at school and interrupts the teacher. He disturbs other children and keeps on changing seats even when the teacher is teaching. He also bullied a classmate last week. Diagnosis is

a. ADHD

b. Asperger

c. Autism

d. Rett syndrome

44. A 10-year-old boy frequently gets into trouble at school and bullies other children regularly. He also tortured a puppy found abandoned on the road. When his father dealt with him strictly he ran away from home to be found wandering alone in market place by neighbors.

a. Conduct disorder

b. ADHD

c. Oppositional defiant disorder

d. Autism

→ TORTURE OF PETS
→ BULLYING
→ PROBLEM WITH AUTHORITY

45. Which of the following is not correct about OCD?

a. MC obsession is with contamination +

b. Undoing is mechanism that leads to compulsions +

c. Egodystonia (repetitive thoughts create distress in mind) +

d. Related to oral phase of psychosexual development

↓

ANAL

Disorders resulting due to fixation at a particular phase of psychosexual development

Oral	Birth to 1 year	Depression and narcissistic
Anal	1-3 years	OCD
Phallic	3-5 years	Oedipus complex Pedophilic
Latent	6-12 years	
Genital	Puberty/ 13 years onwards	Gender confusion

46. A 30-year-old woman has been involved in multiple minor car crashes as she says she gets busy counting traffic lights and got distracted. She also repeated checks all the doors of house at night and counts all the utensils in kitchen before settling at night. Which is correct about her management?

a. CBT and SSRI

b. Phototherapy and SSRI

c. Transcranial magnetic stimulation and SSRI

d. Electroconvulsive therapy and SSRI

OCD

S.A.D

depression

depression ⊂ suicidal intent

47. A 45-year-old man was trapped in a lift during earthquake in Japan while on a business visit. He has flashbacks, startle reactions and survival guilt for last 3 months. Which is not correct to manage this patient?

PTSD

a. Eye movement desensitization and reprocessing ✓

b. Exposure therapy ✓

c. Cognitive restructuring ✓

d. Transcranial magnetic stimulation → depression

48. A 22-year-old young guy comes with complaints of impending doom and not able to breath. Symptoms started suddenly and pulse in apple watch is 110/min, BP is 120/80 mm Hg. Holter and Echocardiography reports are normal. The symptoms have been occurring for last month off and on and now patient says I am waiting for next attack. Which of the following should be started in this patient for acute management?

PANIC ATTACKS

acute: BZD

1°: PAROXETINE

a. Etizolam

b. Escitalopram

c. Venlafaxine

d. Paroxetine SSRI

For GAD the symptoms should be present for > 6 months

49. A 30-year-old woman comes with fear of developing cancer. Her mother had died of lung cancer 5 years ago. She says she cannot focus on her work and day to day functioning due to this preoccupied thought. Diagnosis is?

a. Illness anxiety disorder → NO SYMPTOMS

b. Somatic symptom disorder SYMPTOMS

c. Munchausen syndrome Hospital addiction → RIF PAIN CHEST PAIN

d. PTSD

50. A 30-year-old woman comes with complaints of headache lasting for years for which she takes crocin pain relief tablet but does not get relief. She also takes pantoprazole off and on for her acidity problem but no doctor has been able to give her adequate relief. Diagnosis is?

a. Illness anxiety disorder

b. Somatic symptom disorder

c. Munchausen syndrome

d. Munchausen syndrome by proxy

→ Hospitalization occurs

* **51. A 40-year-old man is brought to hospital by social worker. The man had been living on the streets of a busy market in Delhi disheveled condition. His family is contacted via Instagram and they say he left house in Haridwar suddenly one day after an earthquake. The patient has no memory of coming to new city and living there. Diagnosis is?**

New identity

a. Dissociative fugue

b. Depersonalization

c. Conversion disorder

d. PTSD

neuro symptoms

52. A 30-year-old multigravida is brought with sudden loss of vision and paralysis of one side of body. The patient exhibits la bell indifference. Her husband says earlier she always used to complaint of lump in throat for which various doctors were connected but no diagnosis was made. Diagnosis is?

a. Dissociative amnesia

b. Dissociative fugue

c. Depersonalization

d. Conversion disorder

HYSTERIA

- Dissociative amnesia: Inability to recall important autobiographical information(not motor/ sensory loss).
- Dissociative future: Sudden travel away with amnesia for past identity.
- Depersonalization: Feeling detached from one's body or mental processes.
- Conversion disorder: Neurological symptoms (blindness, paralysis, seizures, aphonia, lump in throat) that are not explained by a medical condition, often associated with psychological stress, plus la belle indifference.

53. A 20-year-old boy is brought by parents due to odd ideas about telepathy, magical thinking about able to fly due to blessing of God and does not make friends. Which is correct about this patient?

a. Schizophrenia

b. Schizoid personality

c. Schizotypal personality

d. Asthenic personality

Void!

Magical thinking!

- Schizoid = Void = Lonely loner
- Schizotypal = type of magical thinking

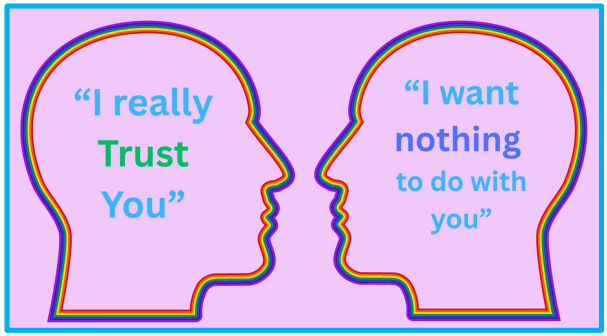
54. Splitting is a major defense mechanism in which personality disorder

a. Antisocial

b. Borderline

c. Histrionic

d. Narcissistic

	People are either too good or too bad with nothing in between Patients may -Idolize a person at one moment (“You are the best doctor ever”). -Then suddenly devalue them (“You are the worst doctor, I hate you”)

INSOMNIA

55. A 35-year-old guy working in Global consultancy company says that most nights in last one year he lies in bed for more than 2 hours before he can fall asleep. His sleep in fitful and interrupted and he wakes up tired. He makes mistakes at work and trying to improve the next day by sleeping early but to no avail. Symptoms have been present for last 3 months. Which of the following will not be useful in this patient

a. Zolpidem ✓

b. Ramelton ✓

c. Suvorexant ✓

d. Oxazepam B2D

- Oxazepam, Lorazepam, Temazepam (mnemonic: “O-L-T”): Slow onset, short-intermediate action. Conjugated directly (not dependent on hepatic oxidation) → **safe in liver disease** (important in cirrhotics/elderly)
- Diazepam, Chlordiazepoxide → rapid onset, long-acting (active metabolites).
- Midazolam → ultra-short acting (used in anaesthesia, seizures)

56. A 30-year-old man is arrested for getting out of his car and beating a taxi driver with a stick at traffic light. The victim had overtaken him from wrong side. Diagnosis

a. Intermittent explosive disorder

b. Cluster A personality disorder

c. Cluster C personality disorder

d. Conversion disorder

Cluster A eccentric	**Cluster C**
Oddness	Anxiety
Detached or Suspicious	Fearful but wants approval
Cold/ eccentric	Worried/ insecure

57. Which is correct about laryngoscope use and intubation for a left-handed doctor?

a. Hold laryngoscope in left hand and introduced along right side of patient mouth displacing the tongue

b. Hold laryngoscope in right hand and introduced along right side of patient mouth displacing the tongue

c. Hold laryngoscope in right hand and introduced along left side of patient mouth displacing the tongue

d. Hold laryngoscope in left hand and introduced along left side of patient mouth displacing the tongue

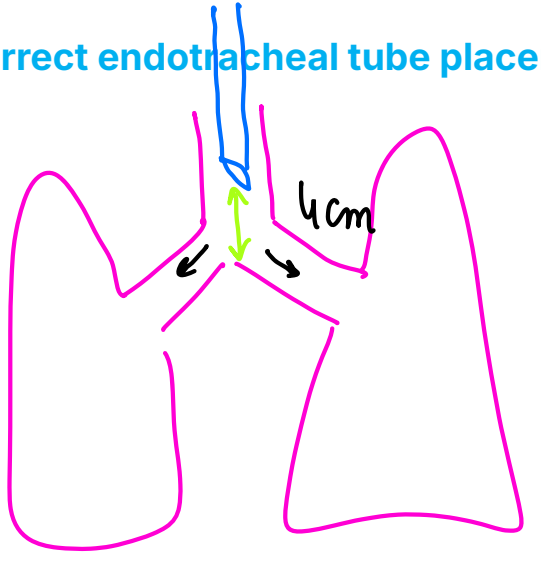
58. Which of the following is not correct about correct endotracheal tube placement

a. Symmetrical bilateral chest inflation ✓

b. Symmetrical bilateral breath sounds ✓

c. Condensation in the tube ✓

d. FENEM CO_2 color detector color change from yellow to purple due to exhaled CO_2



*

59. Which is first sign of endobronchial intubation:

a. Elevated peak inspiratory pressure

b. Asymmetric chest expansion

c. Unilateral breath sounds

d. Falling pCO2

difficulty in Bagging the pt!

60. Anesthesiologist notes mention difficult intubation / grade IV view of larynx. This is called as which criteria?

a. Mallampati

b. Modified samson and young

c. Cormack and Lehane

d. Wilson risk

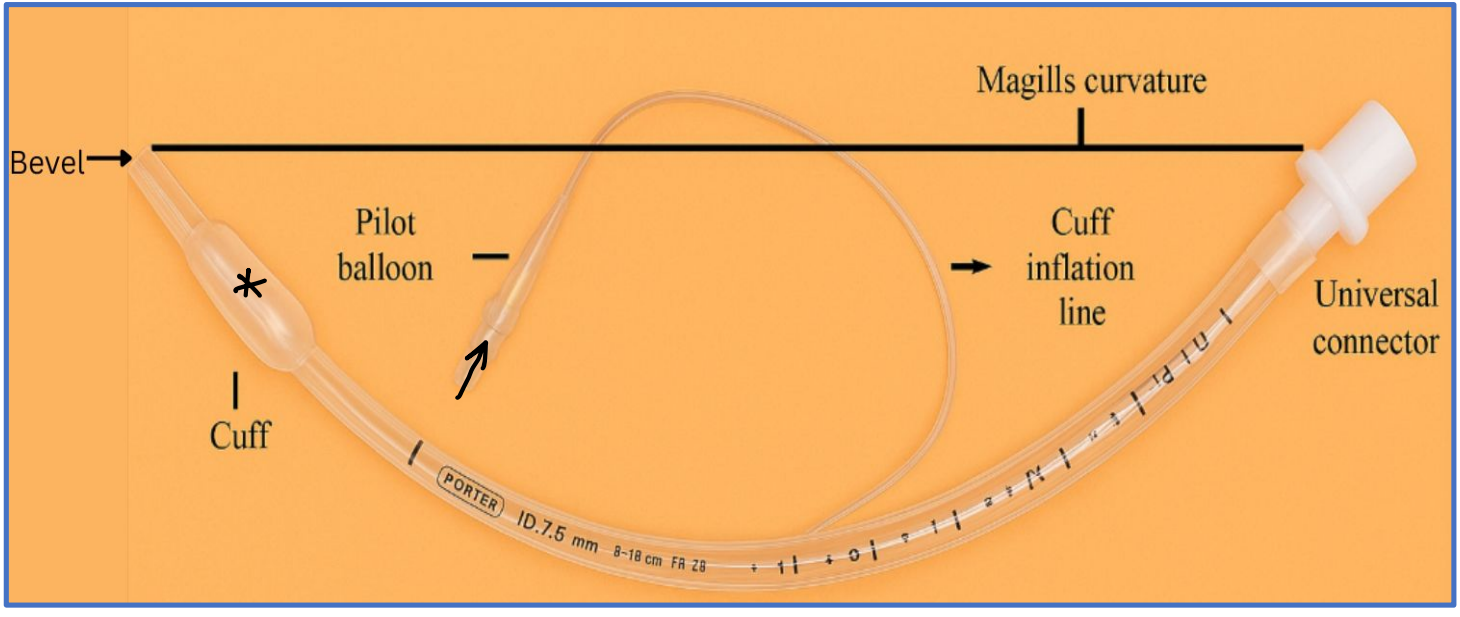
61. Angle of bevel of Endotracheal tube is at ____ degrees?

a. 30

b. 38

c. 45

d. 60


Magills curvature
Bevel
Pilot balloon
Cuff inflation line
Universal connector
Cuff
PORTER
ID.7.5 mm 8-18 cm FR 28

62. Cuff pressure in Endotracheal tube should be less than ___ cm H20 to prevent tracheal mucosal ischemia?

a. 10

b. 30

c. 50

d. 60

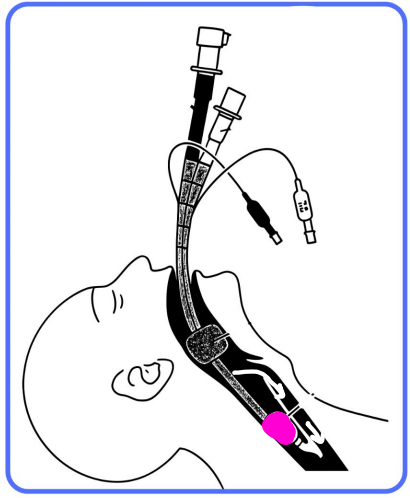
63. The image shown below shows which of the following?

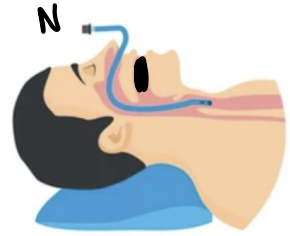
a. Combi tube

b. Double lumen tube

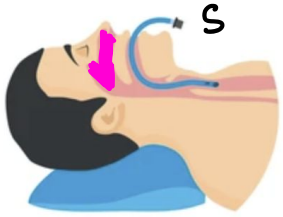
c. RAE south tube

d. RAE north tube

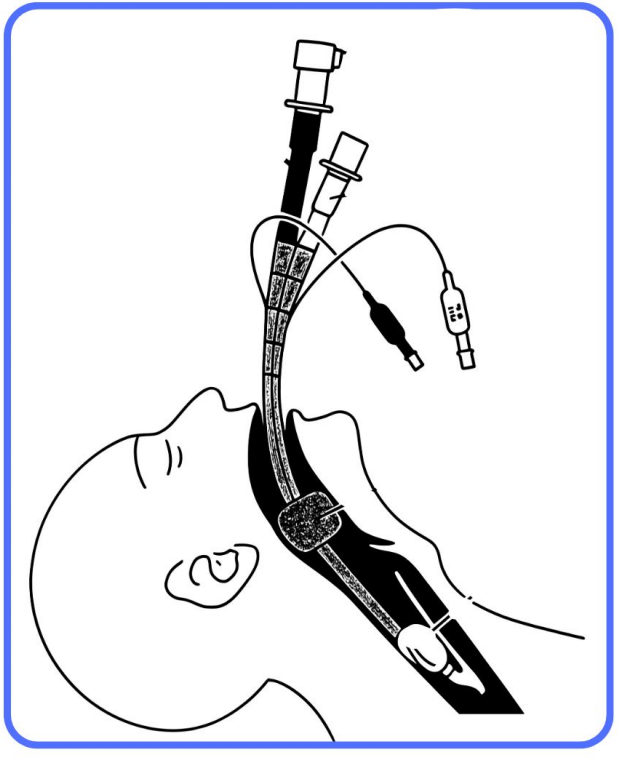




North Direction of RAE Tube



South Direction of RAE Tube



64. Which is correct about the image shown:

a. Acceptable alternative to mask anesthesia

b. Acceptable alternative to intubation

c. Prevents tongue from falling backwards

d. Supraglottic airway device

65. All are causes of increased ETCO2 except:

a. Hypoventilation

b. Thyroid storm

c. Malignant hyperthermia

d. Venous air embolism

BMR ↑ CO_2 production ↑

Temp ↑ "

VAE

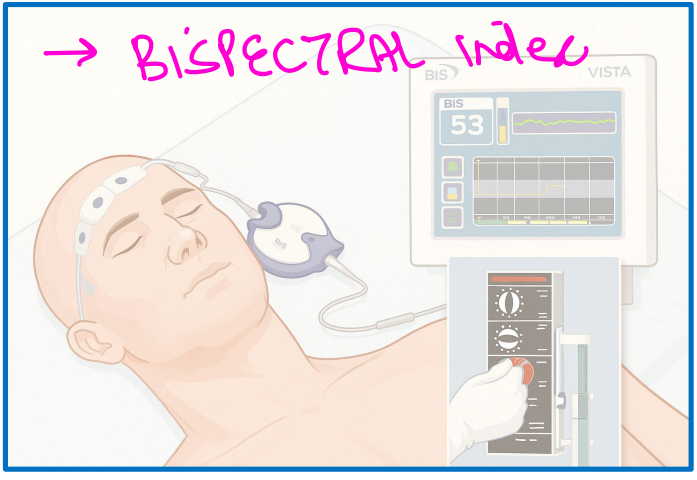
66. The following device is used for

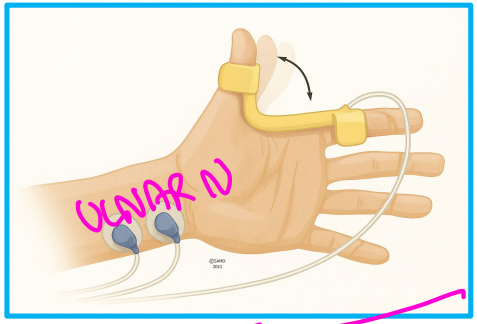
a. Depth of anesthesia

b. Depth of neuromuscular blockade

c. Time for recovery from general anesthesia

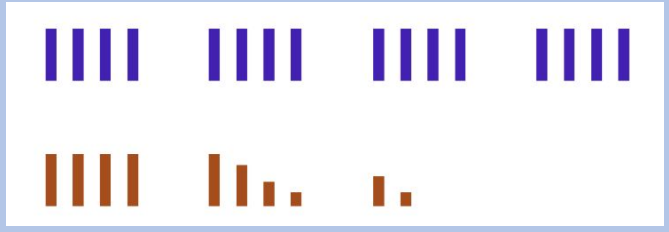
d. Time for recovery from neuromuscular blockade





Recovery from Nm paralysis

Train of four



Bi-spectral index

100-85: awake and capable of explicit recall

85-60: increased sedation but rousable with stimulation

60-40: surgical anaesthesia

40-0: Burst suppression and electrical silence

67. A 60-year-old patient is scheduled for gallbladder surgery for cholelithiasis coming morning . His ASA physical status is class III and has undergone stenting of coronary arteries last year. He is on low dose aspirin and ACEI and insulin 40 units per day. Which is correct about this case?

HIGH RISK CASES

a. Stop aspirin 7 days before surgery and ACEI and insulin morning dose to be stopped on day of surgery

b. Continue aspirin on day of surgery and ACEI and insulin morning dose to be stopped on day of surgery

X X

BP ↓↓ Hypoglycemia

c. Stop aspirin 7 days before surgery and continue ACEI and insulin on day of surgery

d. All medicines should be stopped on day of surgery

Continue aspirin, β-blockers, statins, antiepileptics.

Hold ACEI/ARBS, diuretics, insulin (morning), OHA, clopidogrel.

Lithium → stop 24 hrs. before surgery

68. The following device can deliver oxygen up to Fi02 of

a. 0.5

b. 0.6

c. 0.8

d. 1.0

HFNC

69. The following color-coded cylinder has a pin index of 1,5. It contains?

a. Air

b. Oxygen O_2: 2,5

c. Carbon dioxide 6

d. Entonox 7

70. A 25-year-old primigravida undergoes elective LSCS under spinal anesthesia. Which of the following drug will have longest duration of action?

a. Lignocaine

b. Hyperbaric lignocaine

c. Hyperbaric prilocaine

d. Hyperbaric bupivacaine

71. Leading complication of spinal anesthesia is?

a. Occipital Headache due to leakage of CSF ← L.P

b. Bradycardia due to spinal shock

c. Hypotension

d. Chronic leg pain

72. Which of the following is most potent inhaled anesthetic?

a. N20 with MAC 105%

b. Desflurane MAC 6%

c. Isoflurane MAC 1.2%

d. Halothane MAC 0.75%

73. Inhalational agent of choice for day care surgery is?

a. Sevoflurane

b. Isoflurane

c. Desflurane

d. Halothane

74. You notice that during surgery the patient starts having hiccups. This indicates which of the following?

a. Wearing off effect of muscle relaxant

b. Overdose effect of muscle relaxant

c. Patient will need prolonged ventilation after surgery

d. Normal process that can occur during surgery

75. Shortest acting NDMR with rapid recovery and does not need reversal with neostigmine is?

a. Mivacurium

b. Rocuronium

c. Doxacurium

d. Vecuronium

THANK YOU