SAQ 1: Major Depressive Disorder

A 42-year-old man presents to his GP with a 2-month history of low mood, early morning wakening, reduced appetite, and feelings of guilt. He reports difficulty concentrating and no longer enjoying activities he used to. He denies suicidal ideation but says “I just don’t see the point in anything anymore.”

a. List **the three core symptoms** of a depressive episode per ICD-10. (*1 mark*)

b. Define a **moderate depressive episode** using ICD-10 criteria. (*2 mark*)

c. List **four clinical features** that suggest biological (somatic) depression. (*2 marks*)

d. Name **two first-line SSRI antidepressants**, and state **one key side effect** for each. (*2 marks*)

e. Outline **three non-pharmacological interventions** appropriate in managing this patient. (*3 marks*)

SAQ 2: Schizophrenia and Antipsychotics

A 24-year-old man has become socially withdrawn and reports hearing voices commenting on his behaviour. He believes his thoughts are being broadcast on television. His symptoms have persisted for two months.

a. List **four first-rank symptoms** according to Schneider. (*2 marks*)

b. Outline the **ICD-10 criteria** for diagnosing schizophrenia. (*2 marks*)

c. List **two serious side effects** of clozapine and how they are monitored. (*2 marks*)

d. Name one laboratory feature of **neuroleptic malignant syndrome** (*½ mark*)
e. How is it managed? (*1½ marks*)

f. Name **two psychosocial interventions** in long-term schizophrenia care and describe their purpose. (*2 marks*)

SAQ 3: Bipolar Affective Disorder (Mania)

A 31-year-old woman presents with excessive energy, grandiose ideas, pressured speech, and spending sprees. She sleeps 2 hours per night and refuses medication. There are no psychotic symptoms.

a. Define a **manic episode** using ICD-10. (*2 marks*)

b. List **four features** that differentiate mania from hypomania. (*2 marks*)

c. Name **two first-line pharmacological options** for acute mania and one key side effect for each. (*2 marks*)

d. When is **involuntary admission** under the Mental Health Act justified in mania. (*2 marks*)

e. Describe **two key components** of relapse prevention in bipolar disorder. (*2 marks*)

SAQ 4: Delirium vs Dementia

An 82-year-old man becomes suddenly confused and agitated on the ward. He is drowsy at times and reports “seeing children dancing in the room.” He has known hypertension and osteoarthritis.

a. List **four clinical features** that distinguish delirium from dementia. (*2 marks*)

b. Identify **four common precipitating causes** of delirium in hospitalised patients. (*2 marks*)

c. What are the **four components** of the 4AT assessment tool. (*2 marks*)

d. Name **two pharmacological options** to manage agitation in delirium and precautions for each. (*2 marks*)

e. List **two non-drug strategies** to prevent or reduce delirium. (*2 marks*)

SAQ 5: Personality Disorders and Risk

A 28-year-old woman presents after self-cutting. She has unstable relationships, intense emotional responses, and describes feeling empty. She was previously diagnosed with emotionally unstable personality disorder (EUPD).

a. According to ICD-10, list **four diagnostic features** of EUPD. (*2 marks*)

b. Give **three ways to differentiate EUPD from bipolar affective disorder**. (*1½ marks*)

c. What are the **three key elements** of a psychosocial risk assessment after self-harm? (*1½ marks*)

d. Name **two evidence-based psychotherapies** for EUPD and their core focus. (*2 marks*)

e. Describe **one challenge** and **one effective communication technique** when managing patients with EUPD. (*2 marks*)