SAQ 1: Major Depressive Disorder — Mark Scheme

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*)

Low mood, anhedonia, fatigue

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

≥2 core and ≥3 other symptoms, total of 6 (*1 mark*)
Duration ≥2 weeks (*1 mark*)

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

Any four (*½ mark each*):
- Early morning wakening
- Diurnal variation
- Weight loss
- Loss of libido
- Psychomotor retardation

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

Sertraline (*½ mark*); GI upset (*½ mark*)
Citalopram (*½ mark*); QT prolongation (*½ mark*)

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

Any three (*1 mark each*):
- Cognitive behavioural therapy (CBT)
- Behavioural activation
- Sleep hygiene
- Exercise
- Psychoeducation

SAQ 2: Schizophrenia and Antipsychotics — Mark Scheme

A 24-year-old man has become socially withdrawn and reports hearing voices commenting on his behaviour.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*)

Any four (*½ mark each*):
- Thought insertion
- Thought withdrawal
- Thought broadcasting
- Third-person auditory hallucinations
- Delusional perception

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

≥1 first-rank and ≥2 other symptoms (*1 mark*)
For ≥1 month (*1 mark*)

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

Agranulocytosis (*½ mark*); monitor FBCs weekly to monthly (*½ mark*)
Myocarditis (*½ mark*); monitor ECG, troponin, and CRP (*½ mark*)

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

Raised creatinine kinase (*½ mark*)

Stopping antipsychotic (*½ mark*), IV fluids (*½ mark*), Dantrolene or bromocriptine (*½ mark*)

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

Any 2 of the following:
- Cognitive behavioural therapy (CBT) (*½ mark*); to challenge delusions (*½ mark*)
- Family therapy (*½ mark*); to reduce relapse (*½ mark*)
- Supported environment (*½ mark*); social function (*½ mark*)

SAQ 3: Bipolar Affective Disorder (Mania) — Mark Scheme

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*)

Elevated mood (*½ mark*)
≥3 symptoms: grandiosity, distractibility, increased activity, decreased sleep (*½ mark*)
≥1 week duration (*½ mark*)
Impairment to life/daily functioning (*½ mark*)

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

½ mark each:
- Severity
- Functional impairment
- Psychotic features
- Hospitalisation required

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

Lithium (*½ mark*); renal or thyroid toxicity (*½ mark*)
Olanzapine (*½ mark*); weight gain (*½ mark*)

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

Any 4 of the following (*½ mark each*):
- Lack of capacity
- Risk to self
- Risk to others
- Refusal of treatment
- Particularly severe mental illness
- First presentation (Section 2 to investigate)

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

Any 2 of the following (*1 mark each*):
- Maintenance mood stabilisers
- Psychoeducation
- Early warning signs plan

SAQ 4: Delirium vs Dementia — Mark Scheme

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*)

Any four of the following (*½ mark each*):
- Acute/sudden onset
- Fluctuating course
- Impaired attention
- Hallucinations
- Disorientation

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

Any four of the following (*½ mark each*) — **but not limited to**:
- UTI
- Pneumonia
- Dehydration
- Opioids
- Constipation

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

½ mark each:
- Alertness
- AMT4
- Attention
- Acute change/fluctuation

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

- Haloperidol (*½ mark*); QT prolongation (*½ mark*)
- Lorazepam (*½ mark*); sedation, falls (*½ mark*)

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

Any 2 of the following (*1 mark each*):
- Orientation cues
- Sensory aids
- Consistent staffing
- Sleep hygiene
- Hydration

SAQ 5: Personality Disorders and Risk — Mark Scheme

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*)

Any four of the following (*½ mark each*):
- Impulsivity
- Unstable affect
- Fear of abandonment
- Chronic emptiness
- Self-harm
- Unstable relationships

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

EUPD: mood changes are reactive (*½ mark*)
Bipolar: mood episodes last days to weeks (*½ mark*)
Psychosis is more common in bipolar (*½ mark*)

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

Any three of the following (*½ mark each*):
- History of attempts
- Was it spontaneous or planned
- Intent (e.g. did they mean to *actually* end their life)
- Protective factors
- Triggers
- Access to means

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

DBT (*½ mark*); emotional regulation (*½ mark*)
MBT (*½ mark*); mentalisation of self/others (*½ mark*)

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

Challenge: boundary-testing, splitting (*½ mark*)
Technique: consistent responses, validation, active listening (*½ mark*)